MEDICAL DEPARTMENT ADMINISTRATION

PREPARED BY

BUREAU OF NAVAL PERSONNEL

NAVPERS 10847

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PREFACE

The purpose of this manual is to provide Naval Reserve officers with the necessary groundwork to enable them to grasp the fundamentals in administration, forms and procedures of the Medical Department.

Where examples are given it must be understood that they are not exhaustive and do not cover all cases. They are given where it is thought they will be of assistance, merely as illustrations and as guides to the solution of similar problems.

A thorough digest of the discussion of The Health Record in chapter 8 is recommended.

This book has been prepared by the Medical Section of the Naval Reserve Training Publications Project of the Bureau of Naval Personnel, with the cooperation of the Bureau of Medicine and Surgery.

CONTENTS

CHAPTER 1

PRINCIPLES OF ADMINISTRATION

Administration, organization, and management—while not synonymous terms in the strict sense of the word—are all closely associated with the science of administration. The successful administrator must be a highly capable organizer and have the executive skill and capacity to control the organization.

The organization and management of a medical or dental facility do not differ basically from those of a large civilian institution of similar character. In the Navy certain laws and regulations for the government of the Navy must be followed. In other respects, all the elements consistent with intelligent organization and good management remain the same. Leadership, imagination, initiative, good judgment, and understanding of the human factor in dealing with personnel go hand in hand. These basic principles are relevant and apply to any type of organization, whether it be the medical or dental service of an amphibious expedition, a naval hospital, naval dispensary, naval dental clinic, or the medical or dental facilities of a naval vessel.

Organization means different things to different people. Some think of organization in terms of personalities. To others, organization means a chart—almost any chart. Few individuals realize the extent to which illogical or ill-defined organizational arrangement can hamper able people in the management of an institution. Likewise, it is not generally appreciated how clearly a well-defined organizational plan can facilitate the management process. Organization is more than a chart. It is a mechanism through which management directs, coordinates, and controls the establishment.

In the difficult function of coordination are involved many processes of organization and management, for each principle of organization and management has its accompanying processes. These processes operate at all levels, from the top to the bottom of the establishment. In any actual sense of coordinated effort, they cannot be separated because they interweave and interact. But for the purpose of analysis, they are listed below.

1. Formation and re-formation.
2. Securing, locating, and utilizing authority.
3. Planning and budgeting.
4. Organizing.
5. Operating.
6. Staffing and training.
7. Reporting.
8. Leading and controlling.

Vagueness about over-all policy objectives renders almost useless any further attempt to measure production and effort. Furthermore, it has been said that vagueness about objectives tempts undertakings into the most prolific of all forms of waste; namely, complexity. And as the organization becomes more and more complex, the administrator is pushed into the background because of the pressures of complexity itself.

Modern management is recognizing more and more that the chief administrator in an organization must free himself of the minute administration details and devote his energy to

planning, organizing, coordinating, and controlling. This necessitates his delegating as much work as possible to his subordinates, always of course in terms of their capacities and of the immediate situation. Unless such delegation is made the chief administrator will find that he is submerged in routine and insignificant affairs with little or no time for operating at his own level. In order to insure sound organization, the executive should check his delegations by asking himself the following questions:

1. Is the delegation of authority and responsibility within the organization clear? By division? By subdivisions? By individuals?

2. Is the delegation of authority commensurate with the responsibility of the particular subdivision? Are the limits of authority made clear?

3. Is the responsibility assigned or delegated commensurate with the authority granted? There should be as much concern about responsibility as there is about formal authority. In a very real sense authority flows from the effective discharge of responsibilities, as well as from the formal paper grant.

4. Are the separate delegations of authority within the organization so correlated and understood that each person can see his place in the total plan?

5. Are there conflicts in delegations of authority? Undue overlapping, as well as diametrically opposed delegations, can defeat the purpose of organizations. In general this can be avoided by delegating all related work to one control. Unless the subordinate feels a "certainty of relationships" with his superiors he will be frustrated in an attempt to carry out his responsibilities.

6. Is the delegation of authority so made as to preserve unity of command? This applies to both purpose and individual effort. Each member of the organization must know what *purpose* he is serving and to whom he reports and whom he directs.

In the chain of delegation of authority there is no substitute for competent and reliable leadership. Again, unless the delegating official can have confidence in those to whom he delegates authority, he will find himself checking and supervising to a degree that leaves him little time to administer at his proper level.

Is the delegation of authority such that what is assigned can probably be accomplished? This is basic to the concept that it is the function of the administrator to so arrange affairs within his organization that each member of his staff has the opportunity to perform effectively.

In any sizable organization the process of planning and budgeting is necessary.

In naval hospitals, naval dental clinics, and other medical or dental establishments, the policy of the Bureau of Medicine and Surgery regarding budgets and fiscal planning must be followed. Nevertheless, the goals, programs, and activities must be arrived at and understood. Planning is preparation for action and gives meaning and system to action. It may be defined as the process of devising a basis for a course of future action.

The scientific method of planning is rapidly being introduced into organizational operations. Size, complexity, and interdependence have made the old rule-of-thumb planning costly and dangerous.

The scientific method of planning involves certain well-known steps. One way of designating these steps is as follows:

a. The careful definition and limitations of the problem.

b. The exploration of all available information pertaining to the problem.

c. The posing of possible alternative solutions to the problem.

d. The evaluation of the results in the light of experience and continuous research.

Obviously all these steps interpenetrate and must be continuously perfected in any given situation if the planning process is to be valuable. Furthermore, because of the dynamic environment of administration, plans must be kept in motion to meet new conditions. The budget is a good example of a plan which must

be kept flexible to meet new needs and new conditions.

In large organizations there are generally three types of planning:

1. *Long-range*—usually over-all policy planning.

2. *Intermediate*—usually program and activity planning of somewhat shorter duration.

3. *Short-range*—usually activity or methods and procedures planning.

An important function, closely related to the analysis of organization and procedure, is the preparation or clearance of formal administrative orders, instructions, and other documents of general administrative application. Such orders, when approved by competent authority, serve as governing directions for administrative and operating practice and are an indispensable part of any well-run organization. This particular function is emphasized because administrative direction and instruction in the Navy are usually implemented by the issuance of formal administrative orders and directives.

It must be remembered that every organization exists to accomplish a mission. The task of the personnel of the Medical Department is to prevent disease and care for the sick and injured of the Navy and Marine Corps in peace and war; and to provide medical service for dependents of Navy personnel, and for the native population of any mandated area. This is largely accomplished by safeguarding the health of personnel through employing the best methods of hygiene and sanitation, and adapting for use all such devices or procedures as may be developed in the sciences of medicine and surgery.

This mission cannot be accomplished without a capable organization. The fact must be kept in mind that duty in the Navy is twofold in nature, military and professional, and that the professional work of naval medical and dental personnel is performed under conditions which ordinarily do not allow for complete separation of these two types of duty. It is obvious that to carry out the tasks of such a mission intelligently the mediçal or dental officers assigned in executive capacity in any medical or dental activity must not only be endowed with a high degree of leadership but must be trained in the principle of organization and sound management. Formerly it was believed that certain innate characteristics were essential to a good administrator. This theory has long since been exploded. Administrative skill, like medical and dental knowledge, or surgical ability, is now regarded as a practical art that can be acquired by study and practice.

Speaking in a broad sense, the organizational plan of a self-contained medical or dental command has four major administrative divisions: The personnel, finance, commissary, and maintenance divisions. In part I, chapter 4, *Medical Department Orientation*, the organization and functions of the personnel division were treated at length; further discussion of them, other than procedural matters, is unnecessary. However, the criteria on the functions and management of the finance, commissary, and maintenance divisions were treated in a rather cursory manner and will stand further amplification, even at the risk of some repetition.

CHAPTER 2

MANAGEMENT AND TECHNICAL CONTROL IN THE SHORE ESTABLISHMENT

This subject has been previously taken up in the Basic Course, under the title of *The Naval Establishments*. The description of the functional organization of the United States Navy as treated in the Basic Course was not sufficient in scope to preclude a more exhaustive discussion in this chapter. Therefore it is believed the following material will be of great value in the further study and understanding of this all-important subject of administration.

The Chief of the Bureau of Medicine and Surgery is a naval technical assistant. He is responsible to the Secretary of the Navy and the Chief of Naval Operations for maintaining the health of the Navy and in caring for its sick and injured. To accomplish this mission he exercises technical control over all medical or dental services within the *Shore Establishment* in addition to management control over certain assigned facilities.

The following is a general discussion of the elements of technical and management control as exercised by the Chief of the Bureau of Medicine and Surgery. The data contained in this portion of the course is presented to furnish the initiated with a ready reference, and the novice with a text and guide.

In the following presentation the term "naval" applies to both the U. S. Navy and U. S. Marine Corps, unless otherwise specified.

The definitions of *technical* and *management control* given in the Basic Course were broad and general. For its own purposes, therefore, the Bureau of Medicine and Surgery has recognized the need for the more detailed definitions which follow:

TECHNICAL CONTROL

Technical control, as exercised by the Bureau of Medicine and Surgery, may be defined as the specialized or professional guidance and direction service conducted by the Bureau over its own activities. These activities include naval hospitals, naval dispensaries, naval dental clinics, and schools under its own management—as well as medical and dental services located within activities of the Shore Establishment under the control of other bureaus, such as naval air stations, shipyards, Marine Corps posts, and other facilities where physical standards and care of the sick are a primary consideration. This technical control includes the following responsibilities:

1. Physical standards and examinations of persons for entrance into the naval service, and for retention on active duty therein.

2. Professional qualifications of all applicants for transfer to the Hospital Corps, and of all enlisted and warrant candidates for promotion in the Hospital Corps.

3. Professional education and training of personnel of the Medical, Dental, Medical Service, Hospital, and Nurse Corps.

4. Professional standards for clinical methods and procedures in medical, dental, and nursing care and treatment, including immunization and quarantine. All matters per-

taining to dentistry are handled by the Bureau's Dental Division, including the responsibility for the study, planning, and direction of dental practices in the Naval Establishment.

5. Care and preparation of the dead for shipment and interment.

At naval air stations, shipyards, and certain other shore facilities under the *management control* of another bureau or office, the commanding officer has charge of the administration and control of physical property, but the medical and dental services are under the *technical control* of the Bureau of Medicine and Surgery. The commanding officer of the facility allots space or spaces for the medical and dental activities. He is responsible for the maintenance, heating, and lighting of the property, and for prescribing such local rules as liberty, uniform of the day, and hours of duty. Preparation of personnel reports, the handling of service records, and pay accounts for the personnel are additional management responsibilities of this commanding officer.

Although the Bureau is not charged with the management control of medical and dental facilities located at the shore activities of other bureaus, it does have full responsibility for technical control of *all* medical and dental services. It controls the preparation of medical and dental statistics and health records, sets physical and sanitary standards, and allots medical and dental supplies and equipment. The Bureau also nominates properly qualified professional and technical personnel to meet the particular requirements of the station. It is in the assignment of properly qualified personnel to perform medical and dental services that the high degree of technical supervision exercised by the Bureau becomes most apparent. To assist in the assignment of personnel to medical or dental facilities, the Bureau maintains a complete file, listing in detail the qualifications of all Medical Department personnel.

MANAGEMENT CONTROL

Management control, as exercised by the Bureau of Medicine and Surgery, may be defined as the exercise of authority over a component of a medical or dental shore establishment to the extent necessary for the establishment to accomplish its mission.

This authority carries with it the responsibility to provide necessary funds, manpower, policy determinations, general organizational patterns, investigations, and inspections which will insure maximum efficiency of the activity, compatible with the means available to it. Latitude for adjustment to local conditions, or a particular mission, is permitted local commands, after consultation with the Bureau. The limit below which the Bureau, in the exercise of management control, will not go is to take any action which interferes with the authority of a commanding officer, who, if he is to be held responsible for accomplishment of a mission, must have authority commensurate with responsibility.

The Bureau has management control of all those organizations established as separate facilities of the shore establishment whose primary functions are:

1. Examination, care, and treatment of the sick and injured.

2. Dental care and treatment.

3. Procurement, inspection, receipt, storage, distribution, and issue of medical and dental materials, as well as accounting for them.

4. Research, development, and tests in the fields of medicine and dentistry.

5. Technical training and professional education of members of the Medical, Dental, Medical Service, Hospital and Nurse Corps.

A senior medical officer or senior dental officer, nominated by the Surgeon General, is responsible for the management control of the particular command to which he is assigned. These activities include such facilities as naval hospitals, naval dental clinics, and naval medical supply depots.

DISTINCTION BETWEEN MANAGEMENT CONTROL AND TECHNICAL CONTROL

Where management control ends and technical control begins cannot always be determined readily. Although the Bureau exercises management control over all shore activities of its

own establishment, other bureaus in some instances have responsibility for certain technical matters within these activities. The Bureau of Supply and Accounts, for example, has technical control over functions of the Supply Corps carried out at certain medical facilities.

LISTING

A list of the naval medical and dental activities assigned to the management control of the Bureau of Medicine and Surgery, as of September 1948, follows:

INSPECTOR MEDICAL DEPARTMENT ACTIVITIES

U. S. Navy Inspector, Medical Department Activities, Pacific Coast.

INSPECTOR DENTAL ACTIVITIES

Inspector of Dental Activities, USN, East Coast.
Inspector of Dental Activities, USN, West Coast.

NAVAL HOSPITALS (CONTINENTAL)

Chelsea, Mass.
Newport, R. I.
Portsmouth, N. H.
St. Albans, N. Y.
Philadelphia, Pa.
Annapolis, Md.
Bethesda, Md.
Quantico, Va.
New River, N. C.
Portsmouth, Va.
Charleston, S. C.
Jacksonville, Fla.
Parris Island, S. C.
Key West, Fla.
Corpus Christi, Tex.
Memphis, Tenn.
Pensacola, Fla.
Great Lakes, Ill.
Corona, Calif.
Long Beach, Calif.
San Diego, Calif.
Santa Margarita Ranch, Calif.
Mare Island, Calif.
Oakland, Calif.
Bremerton, Wash.

NAVAL HOSPITAL CORPS SCHOOLS

Great Lakes, Ill. (Class A).
San Diego, Calif. (Class A).
Portsmouth, Va. (Class B).

U. S. NAVAL DENTAL TECHNICIANS SCHOOL

Naval Training Center, Great Lakes, Ill. (Class A).
Naval Training Center, San Diego, Calif. (Class A).
* National Naval Medical Center, Bethesda, Md. (Class A and C).

* Same School.

NAVAL DENTAL CLINICS

Brooklyn, N. Y.
Naval Gun Factory, Washington, D. C.
Pearl Harbor, T. H.
Guam, M. I.
Guatanamo Bay, Cuba.

NAVAL RESEARCH

USN Medical Research Laboratory, Submarine Base, New London, Conn.
USN Medical Field Research Laboratory, Camp Lejeune, N. C.
USN Medical Research Unit #1, Berkeley, Calif.
USN Medical Research Unit #3, Cairo, Egypt.
USN Medical Research Unit #4, Great Lakes, Ill.

NAVAL HOSPITALS (EXTRACONTINENTAL)

Trinidad, B.W.I. (Maintenance).
Coco Solo, C. Z.
Guantanamo, Cuba.
Guam, M. I.

NAVAL DISPENSARIES

Navy Department, Washington, D. C.
50 Fell Street, San Francisco, Calif.

PROCUREMENT OFFICE

Army-Navy Medical Procurement Office and Agency, 84 Sand Street, Brooklyn 1, N. Y.

U. S. NAVAL MEDICAL MATERIAL OFFICE

Sand and Pearl Streets, Brooklyn 1, N. Y.

NAVAL MEDICAL SUPPLY DEPOTS

Brooklyn, N. Y.
Oakland, Calif.
Guam, M. I.
Pearl Harbor, T. H.

USN MEDICAL CENTER, GUAM, M. I.

Naval Hospital.
Guam Memorial Hospital, School of Nursing.
School of Medical Assistants.
School of Dental Assistants.

NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MD.

Naval Hospital.
Naval Medical School.
* Naval Dental School (Class A & C).
Naval Medical Research Institute.
Naval School of Hospital Administration.

U. S. NAVAL MEDICAL UNIT

Georgia Warm Springs Foundation, Warm Springs, Ga.

U. S. NAVAL UNITS AT ARMY COMMANDS

Biological Division, Chemical Corps, Camp Detrick, Frederick, Md.
U. S. Navy Training Unit, Army-Navy Medical Equipment Maintenance, St. Louis, Mo.

As the central agency of the Medical Department, the Bureau of Medicine and Surgery is responsible for (1) directing all medical and dental services of and for the Navy and Marine Corps; (2) initiating, coordinating, and integrating the policies, standards, and practices of the Medical Department, and (3) directing activities concerned with its personnel, material, and public works.

To maintain and operate its own facilities and to exercise technical control over all medical and dental services in the Navy require a complicated functional organization within the Naval Establishment. That part of the functional organization which is a physical part of the Bureau of Medicine and Surgery will not be discussed in detail. However, in another part of this course you have studied the organization chart and the functions of the various divisions. The following discussion will begin on the level just below the Bureau and extend down through the chain of command to the facility itself.

REGIONAL INSPECTORS OF MEDICAL DEPARTMENT

The office of regional inspector was established several years ago by the Bureau of Medicine and Surgery to represent the Bureau in certain areas. By cooperation with the naval district medical officer or district dental officer, regional inspectors coordinate medical and dental matters and functions and act as a clearing house. Recently, the Bureau defined the mission for regional inspectors and these officers are now established on a firm basis working under a definite outline of prescribed tasks.

It is customary for regional inspectors to be assigned additional duties on the staff of the respective sea frontier commanders.

Regional inspectors are assigned to perform inspections and related duties in an area comprising more than one naval district. They represent the Bureau in coordinating and correlating the activities of the facilities in their regions.

Under the broad policies expressed by the Chief of Naval Operations, regional inspectors of medical and dental facilities are charged with the duty of impartially reporting existing conditions in the following four categories:

1. The state of work and discipline.

2. Condition and preparedness of an activity to fulfill its mission.

3. Determination of compliance with laws and regulations.

4. Preparation of a written report covering the general, economic, and administrative efficiency of an activity.

A regional inspection is usually conducted in two phases: (1) an administrative inspection, including professional care of the patient, maintenance of health, and related subjects, and (2) a report on the adequacy, quality, and efficiency of the equipment, facilities, and installations needed to accomplish the assigned mission.

It is manifest that measures, policies and conditions of the existing situation and the manner in which a medical or dental activity has met its problems by organizational and managerial procedures should be made known to the Bureau in carefully prepared inspection reports. The inspector's comments and recommendations for improvement and for correction of deficiencies are required so that the Bureau may secure timely information and, if necessary, take steps to improve conditions by both short- and long-range planning.

The Bureau necessarily depends upon the discretion and judgment of an inspector to acquaint the Bureau with the over-all problems, as well as the internal problems, of each administrative division and professional service of an activity.

A critique is made after an inspection—a very important step in inspection procedure. This routine step should follow every inspection: it betters relations; it contributes greatly to the effectiveness of an inspection; and it encourages prompt action on many details not considered of sufficient importance to include in a formal report.

Regional inspection offices are divided into two separate inspection services, each headed by an officer of the staff corps of the particular service: i.e., Medical Corps for the medical

facilities, and Dental Corps for the dental facilities.

Below is the substance of inspectors' duties as outlined in the *Manual of the Medical Department (1948)*:

A regional inspector of medical activities is an officer detailed by the Navy Department from the officers of the Medical Corps. He has the title Inspector of Medical Activities, USN (East Coast or West Coast). He may have additional duty as medical officer on the staff of the sea frontier commander.

The regional inspector of medical activities acts as adviser to the Bureau on the conduct of affairs of medical facilities other than dental in the region.

He represents the Bureau in regard to coordination and correlation of the activities of the medical facilities of the region in all matters pertaining to the Medical Department (other than dental).

He performs such inspections and investigations as may be directed by the Chief of Bureau.

Through the respective commandants of the naval districts within the region, he should be cognizant of the manner in which inspections of the Medical Department activities (other than dental) are conducted. In order to determine the adequacy and effectiveness of such inspections, he should examine the reports submitted, and advise the General Inspector, Medical, Bureau of Medicine and Surgery, accordingly.

He exercises over-all coordination of the Medical Department's regular naval personnel training program (other than dental) in the districts within the region.

He collaborates with the respective district officers in procurement of suitable medical personnel for induction into the Naval Reserve and supports their efforts in furthering the development of various elements of the Reserve.

He also reviews and makes recommendations, from the standpoint of the region to which assigned, on plans for medical facilities and services within the respective naval districts. To eliminate duplication, he provides for integration of these plans where possible, and insures their adequacy as subsidiary plans of the sea frontier of which they are a part.

He acts in an advisory capacity to the Bureau and the sea frontier commander on all phases of medical logistic support required from shore activities within the region, and on medical supply requirements originating from forces and bases beyond the regional limits.

The *Western Sea Frontier Staff Organization Manual* states that frontier inspectors and advisors serve in an inspection and advisory capacity, and report directly to Commander, Western Sea Frontier, with reference to activities within the limits of the frontier. The frontier inspectors and advisors and their major functions are as follows:

INSPECTOR OF NAVAL MEDICAL ACTIVITIES, PACIFIC COAST

This officer represents the West Coast division of the Bureau of Medicine and Surgery, and is concerned with matters requiring liaison between that Bureau and the Commander, Western Sea Frontier. He makes inspections as ordered by the Bureau and the Commander, Western Sea Frontier. In addition he has duties with the logistics division of the Western Sea Frontier, regarding matters of medical supply.

REGIONAL INSPECTORS FOR DENTAL ACTIVITIES

Regional inspectors of dental activities are officers detailed as such by the Navy Department from the offices of the Dental Corps. They have the title, Inspector of Dental Activities, U. S. Navy (East Coast or West Coast).

They represent the Bureau in the region in all matters pertaining to dentistry, including coordination and correlation of logistics, planning, and dental professional services. They may have additional duties as dental officers on the staff of the sea frontier commander. Such additional duty is not to conflict with their primary duty as regional inspectors.

DUTIES OF REGIONAL INSPECTORS OF DENTAL ACTIVITIES

Regional inspectors of dental activities advise the Bureau on all matters pretaining to dental activities in the region.

They inform and advise the commanders of the region concerning all professional, technical, and administrative matters relating to the dental service in the region.

They also perform special inspections and investigations, when directed by the Bureau.

Through the respective commandants of the naval districts within the region, they have cognizance of inspections and surveys of dental activities in the districts, determine their adequacy and effectiveness, review and for-

ward reports submitted by district and other staff dental officers in the region and, as may be indicated, advise the General Inspector, Dental, Bureau of Medicine and Surgery, regarding such matters.

They coordinate the regular Navy dental personnel training program of the naval districts within the region.

The regional inspector of dental activities collaborates with the respective district dental officers in the efficient utilization of dental officers and dental technicians, the procurement of acceptable personnel for the Naval Dental Reserve, and the development of the various elements of the Naval Dental Reserve.

He reviews and makes recommendations from the standpoint of the region on plans for dental facilities and services within the respective naval districts in the region, with a view to avoiding duplication, providing integration where possible, and insuring that such plans are adequate.

CHAPTER 3

DISTRICT OFFICES AND SEA FRONTIERS

NAVAL DISTRICTS

The naval district headquarters organizations, under the district commandants, are the media through which the Chief of Naval Operations exercises *coordination control* over shore activities. However, the commandants exercise *military command* over activities of the Shore Establishment located in the districts (except for field activities under the Chief of Naval Air Training, the Chief of Naval Airship Training and Experimentation, and Marine Corps supporting establishments which are under the commandant, Marine Corps). Thus, in large measure, district commandants have the important role of fulfilling, for the Chief of Naval Operations, his responsibilities over activities of the Shore Establishment. In addition, bureaus and offices of the Navy Department may from time to time delegate to a commandant control over some of their specific functional responsibilities within a district, in which event, the commandant becomes a representative of such bureau or office for the function so delegated. Another important function is the commandants' responsibility to the Secretary of the Navy for public relations matters within their respective districts. They have the task of interpreting to the public the policies and acts of the Navy and of keeping the people of their districts informed as to the role, ability, and readiness of the Navy to promote and defend national security.

In addition to the foregoing, the commandants are responsible for implementation and administration of the Naval Reserve program within their districts, with the exception of those activities assigned to the Chief of Naval Air Reserve Training.

To adequately discharge the myriad responsibilities imposed upon him, the commandant must have a flexible and sound organization. Each member of his staff must have the professional background and technical understanding of his staff position and the individual staff officer's place in the scheme of things must be fixed and identified.

The commandant will have on his staff senior officers assigned to represent the medical and dental activities within the district. A senior medical officer is assigned to represent the commandant in the medical field and is known as the district medical officer. A senior dental officer is assigned to represent him in the dental field and is known as the district dental officer. Their duties are roughly threefold: (1) to act as medical and dental advisers to the commandant; (2) to supervise and determine the need for all medical and dental activities within the district; and (3) to coordinate district medical and dental activities with the policy of other civilian and governmental organizations.

DISTRICT MEDICAL OFFICERS

At present the functions of these officers are as follows:

1. To act as liaison officers for the commandant with the Bureau of Medicine and Surgery, with regional inspectors of medical activities, with the medical officer of each medical activity in the district on all medical logistic matters under the cognizance of the comman-

dant, and with civilian medical and public health authorities.

2. To keep the commandant informed of all recommendations or plans or increases in or modifications of naval medical facilities within the district, whether originated locally or received from sources outside the district; and to advise the commandant on the medical aspects of matters pertaining to operational and logistic plans.

3. To advise the commandant concerning coordination of medical activity of the district with those of adjacent districts, and with other Federal and local agencies.

4. To investigate and report on the stock level of medical materials maintained in the medical activities of the district, and to consult with the commandant relative to this matter; to insure that supplies and equipment are in accord with the current strategic situation.

5. To advise the commandant with respect to the adequacy and assignment of civilian and military personnel complements of medical activities of the district, and to make recommendations for increases or reductions therein.

6. To effect liaison between shore patrol and medical facilities, and lend assistance when required and requested to do so.

7. To correlate and insure expeditious medical services by the district medical activities to operating forces afloat and oversea bases, particularly with respect to hospitilization, ambulance service, special examinations and treatments and issuance of medical stores to ships.

8. To conduct inspections of medical activities within the district, including those of the Naval Reserve, vessels of the Naval Transportation Service, and miscellaneous craft, as directed by the commandant or by the Bureau of Medicine and Surgery; to make reports of these inspections; and keep the commandant informed concerning sanitary conditions and the prevalence of diseases in and around the naval stations in the district.

9. To formulate and maintain plans for the organization of medical relief work and prepare the medical contributory plans in accordance with the commandant's plans for the district in times of emergency.

10. To maintain a roster of all medical personnel in the district including those of the Naval Reserve.

11. To advise the commandant concerning communications pertaining to medical activities forwarded to or through the commandant in accordance with Navy regulations.

12. To inform appropriate local organizations, insofar as security regulations permit, concerning the activities of medical personnel of the Navy in order to promote cooperative effort.

13. To formulate and maintain plans for the organization of the Medical Reserve divisions, and to process requests from personnel of the inactive Volunteer Reserve on active training duty.

14. To maintain custody of the health records of all inactive Reservists of the district.

15. To publish information which will induce physicians and surgeons to make a career of the naval service.

16. To supervise the organization, administration, and training of the medical component of the Naval Reserve, and in liasion with the director of training to assist in the training of medical personnel attached to or associated with units of the components of the Organized and Volunteer Reserve.

DISTRICT DENTAL OFFICERS

The district dental officer shall advise the commandant concerning all professional technical, and administrative matters relating to the dental service of the district, including the assignment and transfer of dental personnel. He shall:

1. Plan for establishment, maintenance, or reduction of dental facilities in accordance with the commandant's plan for operation of the district command.

2. Make recommendations regarding assignment and transfer of dental personnel.

3. Coordinate dental activities within the naval district.

4. Advise local naval authorities relative to dental materials.

5. Inspect dental activities within the district and report findings to the commandant. (Recommendations, comments, and suggestions arising therefrom shall be forwarded to the Bureau of Medicine and Surgery.)

6. Represent the interest of the Bureau of Medicine and Surgery in civilian dental organizations associated with schools, municipal and State agencies, and components of the American Dental Association, American Red Cross, public relations committees, etc., within the district.

7. Maintain records and information concerning dental materials relative to the Naval Reserve.

8. Supervise the organization, administration, and training of dental personnel attached to or associated with units of the surface and submarine components of the Organized and Volunteer Reserve. Process all training duty requests from personnel of those components and recommend selected personnel to the chief of the Bureau of Naval Personnel, via the director of training, for promulgation of orders.

SEA FRONTIERS

Sea Frontiers are a part of the operating forces and are responsible for frontier defense, control and protection of shipping, and conduct of anti-submarine warfare within frontier waters. Under their broader postwar mission all naval districts have been assigned by the Chief of Naval Operations to appropriate Sea Frontier commanders for military command and coordination control of logistic support as between component districts. Consequently, sea frontiers are shown on charts of both the Shore Establishment and the operating forces.

STAFF MEDICAL OFFICER

Staff medical officer of a sea frontier is the title of the senior medical officer assigned to the staff of the commander of a Sea Frontier. He has cognizance, under the Sea Frontier commander, of all matters that pertain to medical activities within the Sea Frontier. Through his office passes the medical logistic administration and control, which is the task of coordinating and directing the efforts of the Bureau of Medicine and Surgery and its supply depots and storehouses, in order to assure the development, production, procurement, and distribution of medical materials, facilities, and personnel to the operating forces. This task involves: personnel and material requirements.

1. Consumer logistics—that phase of logistics concerned with the estimating and forecasting of requirements for medical materiel and personnel from the standpoint of the consumer (the operating forces), and distribution of such requirements based on known or projected employment of the operating forces.

2. Procurement logistics—(in the BuMed) procuring.

3. Producer logistics—developing and producing the required materials of the operating forces from the standpoint of the producer, and the provision of services necessary to maintain them.

Sea frontier commanders, through the staff medical officer, maintain:

1. Effective liaison with the appropriate Army medical authorities.

2. Up-to-date plans, naval and joint, for frontier and naval sector defense and for expansion of their organizations to perform tasks that may be assigned in the event of a national emergency. This includes provision for review of the war plans of the district medical officers to eliminate duplication and insure their adequacy as subsidiary plans of the Sea Frontier plans.

3. Coordination of the medical-logistic and administrative activities of component naval districts.

4. Coordination of medical-logistic support to the fleet, including fleet units furnishing medical-logistic support to the fleet.

In general, the duties of the staff medical officer shall be carried out by exercising coordinating authority over tasks performed by district medical officers, this will insure uniform interpretation of directives and policies of the commander, Sea Frontier, and help avoid

interferences, overlapping, duplication or gaps of medical activities between naval districts.

Tasks: Supervision and coordination of all phases of logistic support required from shore medical activities within the Frontier, and coordination of medical supply requirements originating from forces and bases beyond frontier limits. In particular the following:

1. Supervision and coordination of the medical supplies in fleet units within Frontier limits.

2. Supervision and coordination of medical supplies in fleet units and overseas bases beyond Frontier limits, including the maintenance of medical supplies and equipment to be forwarded from continental sources, and arrangements for necessary shipment.

3. Coordination, within the Frontier, of all activities relating to the medical logistics of oversea bases.

4. Maintenance of medical statistical data to control effectiveness of logistic support.

5. To conduct such inspections, investigations, and reports as may be required by law or directed by higher authority.

STAFF DENTAL OFFICER

Staff dental officer is the title of the senior dental officer assigned to the staff of the commander of a Sea Frontier. He has cognizance, under the Sea Frontier commander, of all matters that pertain to dental activities within the Sea Frontier. Through his office passes the dental logistic administration and control which is the task of coordinating and directing the efforts of the Bureau of Medicine and Surgery and its supply depots and storehouses, in order to assure the development, production, procurement, and distribution of dental materials, facilities, and personnel to the operating forces.

Sea Frontier commanders, through the staff dental officer, maintain:

1. Effective liaison with the appropriate Army dental authorities.

2. Up-to-date plans, naval and joint, for Frontier and naval sector defense and for expansion of their organizations to perform tasks that may be assigned in the event of a national emergency, including provision for review of the war plans of the district dental officers to eliminate duplication and insure their adequacy as subsidiary plans of the Sea Frontier Plan.

3. Coordination of the dental-logistic and administrative activities of component naval districts.

4. Coordination of the dental-logistic support to the fleet, including fleet units furnishing dental-logistic support to the fleet.

In general, the duties of the staff dental officer shall be carried out by exercising coordinating authority over tasks performed by district dental officers to the end that there may be uniform interpretation of directives and policies of the Commander, Sea Frontier, and avoidance of interference, overlapping, duplication, or gaps of dental activities between naval districts.

Tasks: Supervision and coordination of all phases of logistic support required from shore dental activities within the Frontier, and coordination of dental supply requirements originating from forces and bases beyond frontier limits. In particular the following:

1. Supervision and coordination of dental supplies in fleet units within Frontier limits.

2. Supervision and coordination of dental supplies of fleet units and oversea bases beyond Frontier limits, including the maintenance of follow-up of requests, requirements, or requisitions for dental supplies and equipment to be forwarded from continental sources, and arrangements for necessary shipment.

3. Coordination, within the Frontier, of all activities relating to the dental logistics of oversea bases.

4. Maintenance of dental statistical data to control effectiveness of logistic support.

5. Direction of such inspections and reports as may be required by law or ordered by higher authority.

STAFF MEDICAL AND DENTAL OFFICERS ON THE COMMAND LEVEL IN THE SHORE ESTABLISHMENT

Medical and dental officers assigned to the staff of the commandant of river commands,

naval air commands under the Chief of Naval Air Training, naval air commands under the Chief of Naval Airship Training and Experimentation, and Marine Corps supporting commands under the Commandant, Marine Corps, perform the same functions and duties as distict medical officers and district dental officers.

NAVAL BASES

The creation of naval bases had among its objectives the placing under one head for purposes of military command and coordination control those activities in close geographical proximity, whose prime responsibility is to support, service, and maintain fleet components, as assigned.

The commanding officer of the medical or dental component facility receives direction on matters involving management and technical control direct from the Bureau of Medicine and Surgery or its representative. All medical or dental services in the several component facilities are under the technical control of the Bureau of Medicine and Surgery. As in the case of the naval districts or Sea Frontiers, many of these controls are specifically delegated to the staff medical officer or dental officer through the commander of the base.

MANAGEMENT AND TECHNICAL CONTROL IN THE OPERATING FORCES

The over-all command of the operating forces devolves on the Chief of Naval Operations. The all-inclusive term "command" as exercised by the Chief of Naval Operations over the operating forces includes military control, coordination control, management control, and technical control and is exercised through the *chain of command.*

As the highest naval authority he seeks advice and counsel from the Surgeon General of the Navy and the Chief of the Bureau of Medicine and Surgery in matters pertaining to medical or dental services in the operating forces. Although he has the authority to exercise arbitrarily considerable technical control he always seeks the wisdom of professional men to guide him in these fields. In other words, directives emanating from his office affecting technical control of the medical and dental services are based upon, among other things, the *Manual of the Medical Department* and recommendations from staff medical and dental officers, insofar as such recommendations are compatible with the functions of the operating forces.

The operating forces are composed of several fleets, Frontier forces, district forces, and such shore activities and other forces and activities of the Navy as are assigned to them. These forces are divided into major commands such as the Pacific Fleet, Atlantic Fleet, etc., and operate directly under the Chief of Naval Operations. The major commands are further subdivided into smaller commands which operate under the direction of their respective commanders.

On each of the various command levels will be found a senior medical officer and a senior dental officer who have the responsibility of advising or making recommendations to the commander on technical matters in their respective fields. These officers have the titles of staff medical officer and staff dental officer.

No attempt will be made here to define the functions or duties of staff medical officers or staff dental officers at the various command levels. Generally speaking, they are very similar to those of staff officers ashore. The officer is referred to the Basic Course to determine levels of command and questions that may arise on the functional organization.

The Bureau of Medicine and Surgery exercises technical control indirectly in the operating forces. This is accomplished in several ways, such as through the *Manual of the Medical Department,* pertinent letters and directives, especially those setting up certain professional standards, sanitary measures, preventive medicine measures, the utilization of certain scarce drugs, etc. Staff medical and dental officers are always cognizant of Bureau of Medicine and Surgery policy and base their recommendations on this policy.

In other words the Bureau of Medicine and Surgery is the power or force governing the policy to be followed in technical control in the numerous medical and dental services in the operating forces, but the control stems from

the Chief of Naval Operations down through the various command levels.

In the Shore Establishment technical control is exercised directly or through an office which has been delegated the authority to act for the Bureau. In contrast, in the operating forces this control is exercised through the chain of command, the control emanating from the various command levels. These command levels are guided by the staff medical and dental officers. These officers are guided by the requirements of the fleet units. As stated in the Basic Course, "In a very true sense, both the Navy Department and the Shore Establishment exist for the purpose of supporting the operating forces." In other words, technical control must be compatible with the mission of the operating forces. The general technical control policy from the Bureau may be modified to meet the exigencies of the operating forces, so that, for all practical purposes, it may be said that the Bureau of Medicine and Surgery exercises technical control through the chain of command over all medical or dental services in the operating forces.

Staff medical and dental officers exercise this control in much the same manner as those on the staff of the Shore Establishment; i.e., by inspections, directives, reporting on professional efficiency, etc.

In the operating forces the Bureau of Medicine and Surgery does not exercise management control in any of the components.

In the operating forces there is just one type of unit in which the medical officer exercises management control. That is in a naval hospital on a hospital ship. The commanding officer of a U. S. naval hospital is a medical officer. Three of the components of command as exercised by him stem through the chain of command directly from the Chief of Naval Operations, namely:

1. Military control.
2. Coordination control.
3. Management control.

The fourth component, technical control, is exercised by the Bureau of Medicine and Surgery through the chain of command.

CHAPTER 4

FINANCE

MEDICAL PROPERTY AND ACCOUNTING

This term, as employed by the Medical Department of the Navy, comprehends the *procurement,* the *custody,* and the *disposition* of such property, and the *accounting procedures* concerned. Medical officers in command of naval hospitals, dental officers in command of dental activities, and medical and dental officers of ships and stations are held responsible and accountable for all public property under their control belonging to medical and dental activities of the Navy. It is therefore essential that all medical and dental personnel of the Navy should understand the subject of medical and dental property and be familiar with the terms commonly used and the routine procedures concerned.

In general, medical and dental property is of two classes—*equipment* and *supplies.* At naval hospitals "land and improvements" and "buildings and improvements" constitute a third class. *Equipment* is property that is not consumable; i.e., not easily breakable (as surgical instruments). Consumable materials and personal services are classified as *supplies.* In order to determine if an item is equipment or supplies, reference should be made to the *Army-Navy Catalog of Medical Materiel.* Items not specifically listed therein should be classified according to the classification of similar or identical items appearing in the *Catalog of Naval Materiel,* and should be grouped by classes in the equipment or supplies ledger according to the listing of similar or identical items in the *National Catalog,* Bureau of Federal Supply.

PROCUREMENT

Before equipment and supplies for use in the care of the sick and injured and in the maintenance of the health of the Navy can be procured, it is necessary that there be funds available from which the cost can be defrayed. Moneys required for the maintenance and operation of medical and dental activities are provided for in the annual congressional appropriations, and from this source the necessary funds for the materials and services required can be procured.

Annual appropriations are made by Congress for expenditures during a specified fiscal year. Annual appropriations included in the Appropriation Act for the Naval Establishment which pertain to the Bureau of Medicine and Surgery and the Medical Department of the Navy are titled as follows: (a) Medical Department, Navy; and (b) salaries, Bureau of Medicine and Surgery.

The general purpose of expenditures under the fixed title of appropriations is contained in each annual appropriation act. The language of the appropriation controls expenditures to be made under that appropriation.

Before funds can be made available for the operation of a naval hospital, a naval dental command, the medical or dental facility of a naval station, or a hospital ship, it is necessary that the bureau have detailed information regarding estimated expenditures for the next fiscal year for the activity in question. Naval hospitals, naval stations, naval dental command activities, and hospital ships furnish the necessary information by means of an annual esti-

mate of expenditures which is submitted in duplicate. Such estimates are reviewed in the Bureau and for all items approved the necessary funds are allotted. An annual estimate of expenditures is not required from ships as they have approximately the same expenses from year to year and it is possible to allot funds, by classes of ships, on an average expenditure basis.

The *annual estimate of expenditures* may be defined as a detailed analysis and itemization of the appropriational expenditures which, it is expected, will be required to provide the submitting activity with the materials and services necessary for its maintenance and operation during the year. As the manner of submitting estimates and required data to the Bureau is subject to change, the current circular letter on the subject should be consulted before preparation.

An annual estimate is submitted to the Bureau by shore stations under BuMed management control to cover the period of one fiscal year from July 1 of one, to June 30 of the next, calendar year.

The preparation of an annual estimate is not a one-man job. The full cooperation of all persons having to do with materials and services is essential to a complete and intelligent estimate.

The data required for the preparation of estimates should be collected from official weekly inspections, notes, experience data, and other sources, and should then be classified and filed for reference.

The carbon copy of the annual estimate of expenditures as approved by the Bureau is returned to the submitting activity, for which it constitutes a fiscal guide.

Having decided upon the amounts that can be allocated to the various activities, the Bureau then makes the allocations, termed allotments, and prepares and forwards the necessary allotment cards. Those for hospitals, dental commands, shore stations, and hospital ships are forwarded with the returned copy of the annual estimate of expenditures. The total amount allotted is divided into quarterly apportionments, the amount apportioned for each quarter depending upon the estimated requirements of the activity during each quarter.

Appropriational Allotments are money credits made to medical and dental activities from the congressional appropriation: Medical Department, Navy. They represent amounts reserved or set aside by the Bureau to cover anticipated expenditures and transfers of funds in the procurement of materials and services necessary in carrying out the mission of the medical and dental activities of the Navy.

Upon receipt of the allotment cards, the medical or dental activity is prepared to initiate the procedures necessary to obtain the materials and services essential to the effective performance of its functions.

Materials and services may be requisitioned on the following official forms, duly prepared and accomplished:

1. Purchase Requisitions (S. & A. Form 76 and 76a, ashore; and S. & A. Form 44 and 44a afloat).

2. Stub Requisition (local memorandum invoices).

3. Requisition for Labor (N. Y. O. Form 6).

4. Bureau Work Request (Special M. & S. form).

5. Medical Supply Depot Requisition and Invoice, (NavMed form 4) (see chapter 10).

6. Transfer Vouchers (usually S. & A. Form 127).

No actual expenditures from appropriations under cognizance of the Bureau of Medicine and Surgery can be made by medical and dental personnel as Navy regulations specify that the Bureau of Supplies and Accounts is charged with and responsible for "the disbursement of funds and the payment for articles and services procured for the Navy." These payments are made by officers of the Supply Corps, usually spoken of as supply officers, who have been designated by the Chief of the Bureau of Supplies and Accounts to make disbursements.

In order that supply officers may make a payment legally, they must have definite authority for it. The approval of a purchase requisition

by the cognizant bureau, or bureaus, constitutes the necessary authority to make payments. A purchase requisition, therefore, may be defined as an authorization to the supply officer designated thereon to make a contract in accordance with the terms of the requisition.

Regarding the expenditure of funds of the Medical Department of the Navy, it should always be borne in mind that officers of the Supply Corps and Marine Corps quartermasters are the only persons in the naval service who may make appropriational expenditures except in cases when the Chief of the Bureau of Supplies and Accounts specifically designates an officer as special disbursing agent.

It naturally follows, therefore, that the appropriational expenditures reported by medical and dental activities must agree with the appropriational expenditures reported by the supply officer.

Procurement by purchase requisition, in contrast to procurement by transfer from another activity, presupposes prior approval of a requisition and an allotment of sufficient funds to cover the cost. An allotment of funds may be defined as evidence of a credit which has been established for the maintenance, operation, improvement, or extension of a specified medical or dental activity. The sum allotted is based upon general and specific projects of an approved fiscal plan. Contrary to general opinion, if sums allotted are in excess of needs for approved projects, due to over-estimates, deferred projects, etc., the excess is not available for accomplishment of unapproved projects, without specific approval for such use. It should be borne in mind that a project is approved prior to the allotment of funds.

Certain minor procurements of materials and services are required frequently by medical and dental activities. It would be impracticable for an activity to submit a purchase requisition to the Bureau for approval in each such case, prior to obtaining the necessary materials or services. This situation is met by the submission and subsequent approval of annual purchase requisitions covering such recurring needs throughout the fiscal year. The precise language to be employed on such requisitions will be included in instructions issued by the Bureau of Medicine and Surgery, but is substantially that of the following:

For hospitals, naval dental commands and large stations.

"For sundry items of supplies, equipment and services, including services of blood donors, in such quantities and at such times as may be required during the fiscal year 19....."

For ships and small stations.

"For sundry items of medical and dental supplies; special diets for the sick; laundry supplies and services; services of blood donors; repair of and parts for medical and dental equipment; repair of and parts for motor vehicles; in such quantities and at such times as may be required during the fiscal year 19....."

As may be seen, the approval of an annual purchase requisition authorizes a supply officer to make contracts for the purchase of a variety of items, according to the language appearing on the requisition.

CUSTODY

From the date of procurement (receipt) of medical and dental property until the date of its disposition, an individual member of the medical or dental activity is responsible, in a fiduciary capacity, for its custody.

The custody of medical and dental property includes the accountability, inspection, and storage of such property. *Navy Regulations* delegates to the medical officer of each ship the charge of all material and stores on board, except items of dental supply, which are under the cognizance of the Bureau of Medicine and Surgery. Medical officers in command of naval hospitals, dental officers in command of dental activities, and the medical and dental officers at shore stations are likewise held responsible for medical and dental property in their charge. Persons charged with the custody of medical and dental property are not relieved of responsibility until custodianship is regularly transferred in accordance with existing instructions, is disposed of by survey, or in the case of supplies, by expenditure through proper use.

Also, by *Navy Regulations*, officers are required to avoid any unnecessary expenditure of public money or stores and, so far as may be in their power, to prevent the same in others, and

to attend to the care and preservation of all Government property in their charge.

Hospital corpsmen or dental technicians who are custodians of or whose duties are concerned with the care of medical or dental property are expected to do everything in their power to preserve such property and prevent its loss, waste, or unauthorized use. They also are expected to be thoroughly familiar with the instructions governing the custody of and accountability for medical and dental property as contained in *Navy Regulations* and the *Manual of the Medical Department.*

As the details of the inspection and storage of medical and dental property vary with the location of activities they will not be discussed.

DISPOSITION

Fiduciary, or custodial, responsibility for medical and dental property can be terminated only through disposition by consumption, by transfer, or by survey.

These terms are explained as follows:

1. *Consumption* is the disposal of consumable supplies (medicines, biologicals, foodstuffs, fuel, etc.) by proper use.

2. *Transfer* is (a) the disposal of either equipment or supplies, or both, by physical conveyance of such property from one activity to another with accompanying transfer of responsibility or (b) the transfer of responsibility for such property from one custodian to another, as when one medical officer or dental officer is relieved by another.

3. *Survey* is the disposal of equipment or supplies, or both, in accordance with the recommendation of a survey board or surveying officer, with accompanying termination of custodial responsibility.

CONSUMPTION

Supplies consumed or equipment properly disposed of in any given period results in a depletion of property inventories and a change in the total value of the stock on hand. Therefore records are needed to reflect the physical and financial changes and to provide an administrative control. The primary record used in connection with consumable supplies is the issue voucher. Some materials and services are issued without passing through the storeroom, such as payment of salaries and wages to civil employees; bulky stores, such as coal or fuel oil; and special medicines in small amounts procured locally and consumed immediately upon receipt. Nevertheless an issue voucher, or other document, covering such supplies is essential: (1) to record the issue authorization; (2) to relieve the storekeeper of responsibility; and (3) to substantiate the necessary entries in the accounting records.

After materials are issued from the storeroom of a medical or dental activity the issue vouchers are completed by entering the unit and extension prices on them and the total quantity and cost of each item is then recorded as an expenditure on the respective ledger sheets of the appropriate ledger. Records of quantity and cost of materials withdrawn are tabulated from these vouchers and entered on ledger sheets. A recapitulation of the issues of consumable supplies is recorded in various accounting records and these recapitulations form the basis for the expenditure entries on certain financial reports submitted to the bureau.

TRANSFER

Equipment and supplies under medical or dental cognizance may be transferred to another naval activity or to another Federal activity in emergencies or as a matter of expediency. Such a transfer constitutes an expenditure "by transfer." The first step in the accounting procedure is the invoicing of the material on Bureau of Supplies and Accounts Form 127. When receipted, this form constitutes the duly authenticated voucher required to substantiate the entries in the accounting records and reports with regard to the disposition of the material transferred.

When medical or dental property is transferred from the custody of a medical officer or dental officer to that of his relief, NMS-Form D is used. This type of transfer of property requires no entries in accounting records.

SURVEY

Equipment that is in excess of requirements, missing, worn out, or otherwise unfit for use, and supplies that are missing or unfit for use, must be made the subject of a property survey

in order to dispose of them, to terminate custodial responsibility, and to provide for substantiation of the necessary entries in accounting records.

A property survey is the inspection of Navy materials (property) by a duly appointed officer or board of officers with a view of determining and reporting the facts regarding the designated property items and making appropriate recommendations concerning the disposition of such items.

Surveys are requested and the reports are recorded on the Bureau of Supplies and Accounts form: Survey Request, Report, and Expenditure (S. and A. Form 154). Complete instructions governing survey procedures are contained in the *Manual of the Medical Department* and in directives published by the Bureau of Medicine and Surgery.

Surveys of property are of two types, formal and informal. A *formal survey* is a property survey performed by a surveying officer or survey board appointed by the senior officer present. A survey board consists of one or more naval officers, at least one of whom must be commissioned. An *informal survey* is a property survey performed by the head of an activity having charge of the property. No survey board or surveying officer is appointed in cases of informal survey.

To determine whether a property survey shall be formal or informal, with respect to medical or dental property, the instructions published in the *Manual of the Medical Department* should be followed.

A formal survey is required:

1. When an item of equipment has a book value in excess of $25, or a group of identical items has a book value in excess of $100.

2. When the head of an activity is not a commissioned officer.

3. When specifically directed by the commanding officer of a ship, or the commandant or commanding officer of a shore station.

An informal survey may be held when none of the foregoing restrictions apply.

The form used in connection with a property survey is divided into two parts, the upper half being used for listing the items to be surveyed and the lower half by the surveying officer or the survey board in reporting the condition, cause, responsibility, recommendation, and appraised value of the items appearing on the upper half of the sheet. The information that must be stated concerning each item surveyed is explained as follows:

1. *Condition* refers to the actual physical condition with relation to the original purpose —that is: broken; hinges sprung; leaky; chipped; etc.

2. *Cause* refers to the reason the item is in its present condition, if such can be determined. The usual causes are: worn out in use; excess; lost; accidentally dropped; damaged by fire; or some other happening or event which brought about the present defects.

3. *Responsibility* refers to the person or persons who caused the item to be defective. Usually no responsibility attaches to articles worn out in use or rendered defective by some unavoidable act, the usual report as to responsibility being: none; responsibility cannot be fixed; etc.

4. *Recommendation* refers to the opinion of the board regarding the most appropriate disposition of the item. The usual recommendations are: destroy; to naval medical supply depot (naming the depot); to supply department for sale; to yard scrap heap; or, retain and repair on ship or station. *Manual of the Medical Department* contains detailed instructions with respect to the recommendations mentioned.

Navy Regulations directs the surveying officer or survey board to state in the recommendation whether or not replacement shall be required.

5. *Appraised value* is the estimated monetary value of the item in its present condition. Items recommended for transfer to a naval medical supply depot for repair or for further disposition, or to a supply officer for sale or exchange shall, in each case, be assigned a conservative appraised value.

The recommended disposition of medical or dental property which has been surveyed is

subject to the approval of the Bureau of Medicine and Surgery and therefore reports of survey are forwarded to the Bureau for approval. No property may be disposed of until this approval has been granted. The number of copies of reports of survey to be forwarded to the Bureau are as follows:

1. When destruction is recommended—original and two copies.

2. When sale or transfer to another activity is recommended—original and three copies.

3. When motor vehicles are surveyed for any cause—original and three copies.

4. When items carried in the land and buildings account are surveyed for any cause—original and seven copies.

CHAPTER 5

COMMISSARY DIVISION

In naval hospitals, as in similar civilian institutions, one of the major administrative problems is the feeding of the patients and hospital staff. This is no small undertaking. When it is realized that in wartime the number of rations issued daily in the larger naval hospitals was in excess of 20,000, the enormity of such tasks can be appreciated. To procure, prepare, and develop a food service of such magnitude calls for organization and management of the highest caliber.

The head of the commissary division in a naval hospital is either a medical service corps or hospital corps officer who is designated as the commissary officer by the commanding officer to whom he is responsible for its efficient administration.

In naval hospitals the commissary officer occupies a unique position in the organization. His division can be the most popular in the hospital and be the means of promoting a high standard of morale, or it can be the most maligned, depending on the quality of the food and on the service. Obviously it is not possible to satisfy everybody in the matter of food when dealing with thousands of people day in and day out. Regardless of the degree of efficiency in the commissary organization, some complaints will be voiced loudly from time to time by both the patients and hospital staff. However, this can be overcome or reduced to a minimum by careful planning and good organization.

Food that is well prepared and properly served is not only a large factor in the promotion of good morale in the hospital organization, but it is also synergistic to the treatment of the sick and injured.

Funds alloted for rations in naval hospitals are at all times adequate to maintain a standard of highest quality. The cost of the ration will often vary from 10 to 50 percent between naval hospitals of like capacity. This can be attributed in some cases to unfavorable market conditions often found in many localities. However, more frequently high ration cost is traceable to an indifferent organization and poor management, which inevitably invites unnecessary waste.

The efficient operation of the commissary division is predicated on many factors. Most important is the commissary officer's ability to manipulate his personnel and to use alloted money to the greatest advantage. To accomplish this the commissary officer must not only be a tactful leader but he must also be well grounded in the principles of business practice.

GENERAL DUTIES OF THE COMMISSARY OFFICER

The *Manual of the Medical Department* provides that the commissary officer shall be an officer of the medical service corps or hospital corps who shall:

1. Be responsible for all commissary stores and provisions, and for all equipment pertaining to the commissary.

2. Be in charge of all personnel assigned to commissary activities.

3. Upon receipt of stores and provisions verify their weights, condition, compliance with specifications and contract requirements; be punctilious in complying with hospital regula-

tions concerning inspection of commissary stores and in event of any items being unsatisfactory notify the executive officer or officer of the day.

4. Exercise strict supervision over upkeep, cleanliness, and food handling in galleys, mess halls, store room, diet kitchen, and all other commissary activities.

5. Be responsible for all meals, giving unremitting attention to the preparation and service of food and exacting constant attention to economy and cleanliness.

6. Supervise the issue of all commissary stores used at the hospital. The daily issue of stores shall be made in accordance with menus prepared in advance and approved by the executive officer, based on personnel to be subsisted and requirements of approved special-diet lists. Individual rations will be inspected to determine that they are adequate but not excessive.

7. Directly supervise messing facilities and issue special articles of diets, rations, or subsistence in kind upon presentation of accomplished diet sheets or other requisition as may be authorized by the commanding officer.

8. Permit no special mess to be set up without specific authority of the commanding officer.

9. Prepare or supervise the preparation of daily Receipt and Expenditure Vouchers for the preceding day, submit them to the commanding officer, via the executive officer, and post them, or cause them to be posted in the commissary ledger.

10. Take an actual inventory of stores and provisions on hand at the end of each month and report in detail to the commanding officer, via the executive officer, any discrepancies between amounts as shown on the books and those found by actual inventory; certify a copy of the inventory to the property and accounting officers as a permanent record.

11. Keep himself informed of regulations and instructions governing the procurement, inspection, storage, and issue of provisions and the proper method of obtaining provisions on contract. Keep a complete file of Navy Department provisions specifications for reference in inspections.

12. When detached or otherwise relieved from duty, make a complete inventory of all commissary stores, provisions, and equipment under his charge and transfer custody thereof to his successor.

ORGANIZATION OF THE COMMISSARY DIVISION

The commissary division is a complicated organization consisting of a number of highly specialized units, each having a specific function requiring the service of skilled and specially trained naval and civilian personnel.

Irrespective of size, all naval hospitals follow a standard pattern on type of equipment used in the kitchens, meat shops and bakeshops, storerooms, refrigeration, messes, and offices.

Personnel organization.—The personnel of the commissary department assists the commissary officer in the performance of the duties assigned to him and ordinarily consists of hospitalmen assigned to this department for duty and such civil employees as may be allowed as a complement by the Bureau of Medicine and Surgery.

The positions occupied by hospitalmen in the organization and their general duties are outlined next.

The *commissary steward,* usually a chief hospitalman, is the chief petty officer assistant of the commissary officer. He is entitled to respect and obedience from all persons of inferior rating and from civil employees in the department. He is responsible for the proper execution of the commissary officer's orders. He may be called upon to prepare the weekly menu for approval of the commissary officer and subsequent approval of the commanding officer. He has general supervision over storerooms, the main kitchen, and mess halls. He pays particular attention to garbage collections and food waste, reporting any excessive waste to the commissary officer. He supervises the issue of all provisions and the serving of food in the general mess halls. When provisions are received, he should be present to assist in the inspection thereof, take charge of those accepted, and see that proper disposition is made of them.

He should keep the stock records of provisions in the dry provisions storeroom and make estimates of provisions required so that orders or requisitions may be prepared by the clerk for the signature of the commissary and executive officers. He prepares the Receipt and Expenditure Voucher daily, or furnishes the data from which the clerk may prepare it. In the absence of the commissary officer, the commissary steward temporarily assumes the duties of the former.

The *commissary clerk,* usually a hospitalman, is responsible to the commissary officer for all entries made in the commissary ledger; the preparation of orders and requisitions for provisions; the checking of dealer's invoices, and the preparation of public vouchers (when prepared by the commissary division) in payment thereof; accomplishing invoices covering provisions received from the supply department; filing and typewriting incident to the commissary division. He may be required to prepare the smooth Receipt and Expenditure Voucher and perform such other special or routine duty as may be assigned to him.

The duties of *storeroom keepers,* usually hospitalmen, are as follows: Make all issues of provisions from the issuing storerooms on requisitions approved by the commissary officer or his representative; keep the storeroom clean, orderly and ready for inspection at all times; prepare lists of provisions required to replenish the issuing storeroom from the dry provisions storeroom; and, by daily inventory, keep the commissary steward informed concerning the quantities of non-stock items on hand.

The *mess hall police petty officer,* usually a hospitalman, is responsible for the maintenance of discipline in the mess halls during meal hours; he directs patients, hospitalmen, civil employees, and others to their proper mess hall; he receives complaints and reports them to the commissary officer; he assists the storeroom keepers in handling, storing, and issuing provisions; and performs such other special or routine work as may be assigned to him.

If other hospitalmen are assigned to the commissary division they usually serve as assistants in the positions that have been listed.

By Executive Order No. 7916 of June 24, 1938, civil employees of the commissary division are included within the classified Civil Service, effective February 1, 1939. The ratings of commissary employees are classified as follows:

Group IV (A)	Group III	Group II
Steward. Chief Cook. Chief Mess Attendant.	Baker. Cook. First Cook. Second Cook. Meat Cutter.	Mess Attendants.

The positions and general duties of the civil employees of the commissary division are as follows:

When one is employed, the *steward* is the senior civil employee of the commissary division. Under supervision of the commissary officer and/or commissary steward, he has charge of and is responsible for the sanitary condition of the kitchen, bakery, butcher shop, and mess halls, together with the equipment thereof. He may assist in the requisitioning, inspection, and issuing of food, and the preparation of menus.

Under the supervision of the commissary officer, commissary steward, or steward, the *chief cook* directs and works with the cooks and assistants engaged in the preparation of food in a large hospital, or is responsible for the entire kitchen, and bakery service of a smaller hospital; he supervises the work incident to cleaning the kitchen, utensils, refrigerators, and other kitchen equipment; he requisitions, issues, and keeps accounts of food and kitchen supplies; and performs all related work as may be required.

First cooks, under supervision of the chief cook, prepare and cook the food. In the smaller hospitals, the senior first cook may be charged with the duties of the chief cook. He supervises the other employees assisting in the preparation of food, and is responsible for the cleanliness of the kitchen, accessory rooms, and the equipment thereof. He may be required to perform related work as deemed necessary.

Second cooks, under immediate supervision, assist in the preparation and cooking of foods;

direct and work with other employees engaged in the care and preparation of food for cooking; assist in all kitchen work; serve the cooked food and perform all related work as may be required.

Bakers, under general supervision, bake bread, cakes, and pastry; work with and direct other employees engaged in baking; clean and care for the bakery and its equipment; requisition and account for bakery supplies; and perform such related work as may be required.

The *meat cutter,* under supervision, cuts and prepares meats, fish, and poultry for cooking; works with and directs other employees engaged in meat cutting; requisitions, inspects, stores, and issues such supplies as may be required; cleans, keeps in a sanitary condition, and is responsible for the meat room, tools, refrigerators, and other equipment; and performs all related work as may be required.

It is the duty of the *pantryman,* usually a mess attendant, under supervision, to receive, store, and issue foods used by the hospital kitchens and messes; to keep the storeroom, its equipment and stores in a clean, orderly, and sanitary condition; to keep necessary records; and to perform all related work as may be required.

Chief mess attendants, under supervision, direct and supervise employees or patients engaged in serving food in mess halls, dormitories, and wards, or in ordinary culinary work in connection with serving of food. They are responsible for the appearance and cleanliness of mess halls and the equipment thereof. They perform such additional related work as may be required.

Mess attendants, under immediate supervision, perform ordinary culinary work in the kitchen, pantry, or mess hall, such as: washing dishes, cleaning and polishing metal utensils, cutlery, and silverware; scrubbing floors, washing walls, windows and woodwork; and assist in the preparation of vegetables and other food for the cook. They serve the prepared food in mess halls, dormitories, and wards; clean the mess halls and equipment; act as yardmen by keeping the garbage cans and the outside area around the kitchen and commissary in a tidy and sanitary condition, and one usually is assigned duty as pantryman.

Physical arrangement.—The *commissary officer* should make his headquarters in the subsistence building, if such a building exists, or in the immediate vicinity of the commissary division. It should be furnished with sufficient desks, typewriters, and other equipment necessary for the performance of the clerical work of the division, and should have a telephone with a city connection. Here are kept the provisions stock ledger, the commissary ledger, the dealers' jacket files, commissary division correspondence file, and other commissary records. All orders and requisitions for provisions are prepared in the commissary office and all matters pertaining to the commissary division are routed through it for appropriate action.

In the *dry provisions storeroom* is kept the reserve stock of dry provisions. It holds from 1 to 3 months' supply of provisions of a character that neither deteriorate rapidly nor require refrigeration. All provisions in this storeroom are considered as unexpended supplies, and are in the same status as are supplies in the medical storerooms. It is the value of this stock, and this stock only, that is determined monthly by physical inventory and is considered as an asset for accounting purposes. The stock of this storeroom is replenished by requisition monthly or, when necessary, by the nearest provision depot of the supply department of the Navy, and by orders placed with contractors under current contracts for special dry provisions not carried in stock in provision depots.

The *issuing storeroom* is usually located in the subsistence building in close proximity to the main kitchen. It is equipped with shelves, bins, and racks for the storage of foods in small quantities for current use. The main hospital refrigerator is considered to be a unit of the issuing storeroom for administrative purposes and is under the charge of a hospital corpsman. All provisions issued to kitchens, butcher shop, messes, wards, etc., pass directly or indirectly through the issuing room. It is restocked by issue from the dry provision storeroom and by deliveries of fresh provisions from the contractors, and issues from it are made only on the authority of requisitions approved for issue

by the commissary officer. The stock carried in the issuing storeroom, having been expended by appropriate entry in the commissary ledger, is not considered as an asset for inventory purposes.

The *main kitchen* is the one in which regular and other diets are prepared. It is a separate section from the mess halls for administrative purposes and is under the immediate supervision of the steward or the chief cook. It includes the kitchen proper, the bakery, the vegetable room, the butcher shop and such other accessory units as may exist and all of the equipment therein. The regular and other diets are distributed from this point.

In the *diet kitchen* food is prepared for the very sick, or for others who require special diets. It is usually located in the subsistence building and in the vicinity of the main kitchen. A specially trained dietician, a cook, and mess attendants perform such work as may be required. Hospitalmen are often detailed to the diet kitchen for instruction in dietetics. In this kitchen are prepared liquid diets, soft diets, convalescent diets, and, in addition, such diabetic, salt-free, meat-free, or other special diets as may be ordered by the ward medical officers for individual patients. These special diets are distributed from this point to the wards.

The *mess halls* for the general mess are equipped with facilities for serving meals to convalescent ambulatory patients, hospitalmen, civil employees, and the Marine guard, if one is attached to the hospital. A chief mess attendant is in charge of the dining-room service and has as many mess attendant assistants as may be required to wait on the tables and to keep the mess halls shipshape. The *scullery* is considered to be a part of the mess hall and is usually in charge of a chief mess attendant. Chief mess attendants work under the supervision of the commissary steward and have no control over the patients or others who eat in the mess halls. A police petty officer is on duty in the main mess hall during meal time to maintain order and enforce observance of the rules and regulations of the hospital.

The *sick officers' mess* is maintained in the sick officers' quarters which are usually provided with a mess room, a kitchen, and a separate force of cooks and mess attendants. Lacking these facilities, the food is prepared in the main kitchen or diet kitchen, carried in containers to the sick officers' quarters, and served either in the dining-room or on trays in the patients' rooms.

The *nurses' mess* is conducted in much the same manner as the sick officers' mess, a dining-room and kitchen usually being provided in their quarters for that purpose. Cooks and mess attendants are detailed from the commissary force to the nurses' mess. The housekeeper, under the general supervision of the chief nurse, is in charge.

PROCUREMENT, ACCOUNTABILITY, AND EXPENDITURE OF PROVISIONS

Procurement.—Prior to 1 July of each year the Bureau of Medicine and Surgery makes an allotment from the medical department appropriation for the ensuing fiscal year to each naval hospital and hospital ship. This is apportioned into four quarterly sums and represents limited audits against which public vouchers, stub requisitions, and other intra-Navy transfers may be charged and they constitute the authority for the individual activities to obligate the medical department appropriation to cover such charges.

The allotment of funds being granted, requisitions approved, and contracts awarded, orders may be placed and requests made for deliveries of provisions.

The Bureau of Supplies and Accounts, or its representative, forms a very important link in the procurement of provisions by replenishing naval provision depots, preparing joint requisitions for provisions which may be required by local activities, preparing schedules for bidders to furnish provisions (monthly or annually) on a *more-or-less basis*, awarding contracts to successful bidders and circulating abstracts of contracts showing the various items to be furnished by contractors, and by preparing and publishing applicable specifications, etc.

Provisions are divided into two classes: dry provisions and fresh provisions. Dry provisions are further divided into the subclasses of: dry provisions, Navy standard, and dry provisions,

special. Dry provisions, Navy standard, are those items of groceries that have been standardized by the Navy Department, defined by printed specifications (see "Index of Specifications issued by the Navy Department" issued quarterly by the Bureau of Supplies and Accounts) and carried in stock by all naval provision depots. Dry provisions, special, are those items of groceries which are not ordinarily furnished to the general service; (ships and stations) but may be obtained for the use of "Hospitals Only."

Fresh provisions are fruits, vegetables, milk, meats, and similar articles which are obtained for early consumption.

In order to obtain fresh provisions and dry provisions, special, it is necessary to furnish the local supply officer a list showing the requirements of the hospital. This list should show the amounts required by months. If the list is prepared properly and carefully and the seasonal rotation of fruits and vegetables is taken into consideration, very little difficulty will be experienced in obtaining the various kinds of fresh provisions as they appear in the local markets.

The supply officer makes an annual requisition on the Bureau of Supplies and Accounts for the requirements of the hospital and other naval activities within the district, and upon the approval of that bureau, he makes monthly contracts to furnish these items. After the contracts are made, each activity concerned is supplied with a "Schedule of Provisions Contracts" for the following month. This schedule shows the names, addresses, and telephone numbers of all firms holding contracts during the month, together with the contract numbers and unit prices. In addition to the list of provisions contracted for delivery to the general service, there will be given a list of items for the use of "Hospitals Only." Naval hospitals may order from both lists. The latter list shows such items of dry provisions, special, for hospitals only, as have been included in the original estimate furnished the supply officer and previously referred to.

Orders against these monthly contracts may be made direct to the contractor, using N. M. S. Hospital Form No. 23. The contractor is allowed at least 24 hours' notice before delivery can be required. To obtain either class of dry provisions or other supplies from the local supply officer or commissary store, S&A Form No. 71, a stub requisition, or a letter is used. Local customs vary somewhat in this detail.

Food inspection.—All fresh provisions procured for use in the commissary department are required to be inspected by the commissary officer to determine whether or not the articles delivered conform to the following requirements: agreement with the amounts ordered; delivery at the time stated in the order; in good condition at the time of delivery and fit for human consumption; and in conformity in all respects with the specifications as written into the formal contract or order issued by the supply officer authorizing the transaction. If they conform to requirements they are accepted.

No detailed discussion of requirements and specifications will be made, but a few general rules are given, so that the fundamentals of food inspection may be available.

Meats.—All items of meats and meat food products are required by naval regulations to be inspected by an inspector of the Bureau of Animal Industry, U. S. Department of Agriculture. The meats are required to be stamped by the inspector, and a certificate must be issued by him stating that the meats or products described on the invoice have been passed by the Department of Agriculture and that they are also in accordance with naval specifications. This certificate is signed by the inspector.

Sex recognition.—The Navy contract specifications for fresh and various other meats exclude from acceptance meats from bulls, boars, stags, and, in most cases, cows. For this reason reference to the recognition of sex in the dressed carcasses has a practical value in this discussion.

"The bull is characterized by the massive development of his muscles, especially the neck and shoulder musculature; also by the dark color of the musculature and the scarcity of fat tissue. Finally the inguinal canal is open.

"The ox (steer) is distinguished from the bull by the weaker development of the shoulder and

neck musculature, by its thick panniculus adiposus, and by the possession of a mass of scrotal fat tissue (cod fat) which completely conceals the inguinal ring (a positive and recognizable anatomical point in the hind quarter of all adult males is the ischiopenal ligament, which appears as a circular white fibrous patch in the posterior region of the ischiopubic symphysis).

"The carcasses of cows are more angular in their various outlines than are those of steer carcasses. There is a marked curvature to the ribs. The cut termed 'round' is flatter; the shanks are thinner, and the mass of 'cod fat' which is seen in the steer is absent in cow carcasses. Very often the udder is carefully removed from fat cow carcasses and fat skewered over the cut surface in order to give them the appearance of steers. This attempted deception, however, is easily recognized by the mammary tissue which remains and by the supramammary lymph glands covering this tissue.

"Close examination will disclose the true character of the small udder on young heifers, which, on account of heavy fat infiltration, resembles the mass of scrotal fat of steers.

"In sheep, the slaughtered buck is distinguished from the ewe and wether by the strongly developed musculature of the neck, withers, and shoulder. The meat of bucks may also possess a disagreeable odor, but, as a rule, this is rare.

"The distinction of importance as regards hogs is between boars and stags on the one hand and sows and barrows on the other. The meat of the boar is coarse and possesses a darker color and the shoulder (or shield) is extremely hard. The meat of the service boar usually has a specific odor best described as a urinous or strong sexual odor. Under the Federal meat inspection regulations, meat or carcasses having this odor are condemned as unfit for food.

"Meat which is suspected of being from a boar or from a recently castrated service boar should be tested for odor. This test is made by placing a sample of meat or raw fat in water in a covered vessel and bringing it to a boil and testing for odor from time to time while heating, or the sample may be heated in a frying pan. In some cases the urinous or boar-sex odor will be found very pronounced and disagreeable; in others it may be faint, but whenever the odor exists to such degree that its presence can be declared the meat should be rejected as unfit for human food.

Characteristics of good meat.—"In all cases the carcass should be that of a well-nourished animal without signs of attenuation or wasting; good meat is firm and elastic to the touch, without oedema or emphysema; that is, does not pit or crackle on pressure. It should be juicy, but not wet or flabby; the color should be uniform, without brown or discolored patches.

"Good beef is of bright-red color, marbled with fat; veal is always paler and less firm to the touch. Mutton is dullish red and firm, and the fat hard and white. In both beef and mutton a uniform yellowness of the carcass may be associated with health conditions. The carcass of the pig should be plump; the flesh is naturally pale and the fat somewhat soft; the skin should not set in folds or wrinkles and should be without stains or blotches. However, slight bruises and scratches are not infrequently present in good carcasses.

"In all cases when sufficient time has elapsed for the carcass to cool and set, the fat of cattle and sheep should be firm and the suet hard, containing no watery jelly or juice, free from blood stains, and creamy white or yellowish in color. The odor should be sweet and agreeable. A skewer thrust deeply into the flesh should have no unpleasant odor when withdrawn.

"The pleura and the peritoneum (the white, shiny membrane lining the chest and thoracic and abdominal cavities) should be free from adhesions and staining and free from evidence that anything has been stripped away; also particular attention should be paid to the connective tissues about the flanks, shoulders, diaphragm, and region of the kidneys; signs of wetness, oedema, imperfect setting, and evidence of disease in the lymph glands should be absent.

"Bull beef, it should be remembered, is usually and normally dark in color, but in other

cases marked darkness of the flesh is to be regarded with suspicion." (From Osterhag.)

Fresh meats defined.—The word "fresh," whenever occuring in Navy specifications for meat and meat-food products, is interpreted to include chilled, fresh products which are not and have not been frozen. Conversely, products which are, or have been, frozen cannot be accepted as fresh. Meat that has been frozen and subsequently thawed out is dull in color and the blood from it is thin and pale in color (due to separation of the fibrin and serum upon freezing). If a specimen of the blood is mounted on a glass slide and examined under a microscope, using a low-power lens, the red corpuscles will present a crinkled appearance or the edges will appear scalloped if the meat is or has been frozen.

Thawed-out poultry.—Frozen poultry that has been thawed out may be detected by the appearance of the lung tissue. If the fowl has been frozen the lung tissue will be dark in color and congested in appearance. The lung from a fresh fowl, if slightly compressed between the fingers, will crackle (due to the air cells bursting under pressure). A thawed-out lung will not give this crackling sensation because the air cells already have been ruptured in the process of freezing.

Eggs.—Every hospital should have "strictly fresh" eggs included on the local monthly provisions contract. The specifications may be very definite or the description "strictly fresh" only may be used. The following discussion will be helpful to those who are not familiar with the distinguishing characteristics of a fresh egg.

Several methods of determining the freshness of eggs have been suggested in various books and pamphlets on the subject, such as placing them in water and noting the angle which they assume and whether or not they float. This method depends on the fact that in newly laid eggs the contents fill the egg, and since the specific gravity of the egg is greater than water, the egg therefore assumes a horizontal position at the bottom of the vessel when immersed. Depending on the length of time since an egg has been laid, evaporation of water from the contents through the porous shell will cause it to assume various angles from a horizontal position up to a vertical one. An egg that has lost sufficient moisture so that the specific gravity is less than water will float. Also an egg that has undergone decomposition to such an extent that gases have been liberated within the egg will always float.

This method has the disadvantage of being slow and inaccurate and is not always a true indication of the age of an egg. Eggs that have been placed in cold storage very soon after being laid, provided the storage rooms are kept sufficiently humid, may remain in good condition for several months without sufficient evaporation of contents to make any noticeable difference in the floating angle. On the other hand, they cannot be classed as "strictly fresh" eggs and may have a slighty disagreeable flavor.

It is desirable for every hospital to have an egg-candling device. They may be made in the hospital carpenter shop, or a very satisfactory one may be purchased at little cost. One that can be used in daylight, thereby eliminating the necessity of a darkroom, is the most desirable. A suitable type consists of a small sheet-steel box enclosing a 60-watt electric light. There is an opening about 1⅛ inches in diameter in one side of the box, with a shield extension on the top and sides about the opening to exclude rays of daylight. The inside of the shield is painted black to prevent reflected rays from striking the opening. Through the top of the shield is an opening surrounded by another shield similar in shape to the light shield on an ordinary parlor stereoscope. By holding an egg against the small opening and looking down through the upper opening a very clear view of the contents of the egg may be had.

Any shrinkage of the egg is evidenced by an air bubble at one end. The yolk in a fresh egg will show up as a light shadow. A heavy shadow usually indicates that the egg is stale. The various degrees of staleness may be judged by the heaviness of the shadow. A rotten egg always will show black. Hatched eggs are fertile eggs that have been kept in a warm place sufficiently long after laying to start the development of the embryo. This shows up under the candle as a small dark spot.

Broken-yolk eggs are eggs that have been kept in a warm place long enough for the capsule of the yolk to disintegrate through to such an extent that the yolk mixes with the white of the egg. This condition under the capsule appears as a floating shadow throughout the entire contents of the egg rather than being localized, as is the case in a normal egg.

A "strictly fresh" egg should appear under the candle as almost entirely translucent. The only opacity should be the slight shadow cast by a normal fresh yolk. The air bubble should not be over 5 percent of the egg contents. Eggs that do not meet these requirements should be regarded with suspicion and opened on a saucer. If, after opening, the yolk has a decidedly mottled appearance, does not stand up to almost the shape of a hemisphere, or breaks upon careful opening of the shell, the egg may be considered to be stale. The appearance of the white of the egg is also very helpful in egg inspection. In a fresh egg the white consists of two parts, a viscid, jellylike part and a thin, watery part. In storage eggs that have been held for several months and in stale eggs that never have been in storage but have been held for several days in a warm place, the jellylike part of the white disintegrates into a thin, watery fluid.

In the inspection of eggs at a naval hospital one rarely is called upon to differentiate between fresh eggs and eggs that are distinctly rotten, but almost daily one must be able to tell the difference between "strictly fresh" eggs and eggs that are slightly stale. Those that are slightly stale certainly are not "strictly fresh" and therefore should be rejected.

For the purpose of inspecting eggs under a candle the air-cell gage is very useful. These gages may be obtained from the United States Department of Agriculture, Washington, D. C.

Milk and cream.—Samples of milk and cream, both thin cream (20 percent milk fat) and double cream (40 percent milk fat), should be collected frequently, at least weekly, and sent to the hospital laboratory for analysis. Usually a Babcock test to determine the milk-fat content will be the only test necessary. In collecting samples of milk and cream, care should be taken to collect average samples. If the milk is in cans, the milk should be poured from one can to another at least six times, so that the cream will be thoroughly mixed and evenly distributed throughout the milk. About a pint is then collected in a clean bottle as a sample. If the milk is in quart bottles, send a whole bottle to the laboratory. The same precautions should be taken in collecting samples of cream.

Fish.—The inspection of fish is difficult unless the person doing it is familiar with the various kinds. A study of a dictionary or a natural history that describes and gives illustrations of the different species of the fish family will prove very helpful. Cheap varieties frequently are delivered for the more expensive kinds; pollock for bluefish, flounder for baby halibut, croakers for Virginia spots, Boston mackerel for Spanish mackerel, etc. Frozen fish that have been thawed out are frequently delivered for fresh-caught fish. Fish that have been frozen lose their delicate flavor. Fresh-caught fish present the following characteristics: the gills are red; the eyes are bright; the blood is bright red; and the flesh is firm. In fish that have been frozen, held in storage and subsequently thawed out, the gills are pale; the eyes dull; the blood dark in color; and the flesh is usually soft with a slightly disagreeable odor, even if it is still edible. To show the points of differentiation between fresh, stale, and putrefied fish, the table on page 31 from *Meat Hygiene*, by Edelmann, Mohler, and Eichhorn, is given.

Shellfish.—In the inspection of crabs and lobsters there is but one rule to follow—that is, do not accept them unless they are alive. Ptomaines (so-called toxic animal alkaloids) develop very quickly in crabs and lobsters. It should be remembered that the shells of dead oysters and clams are open. The juice of opened oysters and clams should be almost clear and not stringy; any stringy or milky appearance of the juice is a cause for rejection, as it indicates bacterial growth. The oysters and clams should be slightly salty to the taste; a decided fresh taste indicates adulteration by "floating" or by being in direct contact with ice. "Floated oysters" are oysters that have been taken up from their natural beds and laid down in either fresh or brackish water. The salt in the oyster tissue is dissolved by the fresh water, and the

DIFFERENTIATION BETWEEN FRESH, STALE, AND PUTRIFIED FISH

Condition	Scales	Eyes	Gills	Body in General and Meat	Specific Gravity
Fresh	Glittering, free from slime, firmly adherent.	Standing out.	Gills, lids, and mouth closed.	Solid; placing fish horizontally on the hand it does not bend. Meat firm, elastic, tight on bones.	Sink in water.
Not fresh, stale for some time.	More or less easily removable, slightly slimy or smeary.	Red bordered, sunken; cornea cloudy.	Lids open or can be easily opened; gills pale, yellow dirty, or grayish red covered with the same kind of fluid; odor disagreeable.	Bony, bends easily, especially at tail end; occasionally bloating of the abdomen, which may be bluish discolored. Finger impressions are easily made, and remain; meat is soft, can be easily removed from the bone.	Float on the water.
Putrefied.	Very loose, covered with a smeary, slimy mass of disagreeable odor.	Breaking down; are frequently removed.	Very off-colored; extremely offensive odor.	Withered, flabby, soft, pale, bloated. The meat is sloppy.	Float on the water.

oyster becomes inflated with water (due to osmosis). It increases in size; and when it is opened, the oysterman is able to obtain from 10 to 20 percent more oyster meat from the same specimen, thereby increasing his over-all profits at the expense of the innocent purchaser. "Floating" destroys the delicate flavor of the oyster and renders it more liable to contamination by sewage from the stream. Ice in direct contact with the oysters destroys the flavor in the same manner, but does not contaminate the oyster unless the ice itself is contaminated. Clams are not generally "floated."

The inspection of fruit and vegetables will not be discussed, as the standard specifications are very clear and variations from the standards are quite apparent. Almost everyone can distinguish between the good, the indifferent, and the bad.

Food adulteration.—The following abstract from the Federal pure food laws will serve as a guide in the inspection of all items of foods, but more particularly in the inspection of dry provisions, special, purchased direct from the contractor. All items of Navy standard dry provisions obtained on requisition from provision depots of the Navy have been inspected at the time of their original purchase by the Navy, and therefore inspection for quantity received is the only inspection necessary when they are received at a hospital.

Adulteration of food is sometimes practiced by sellers to increase their margin of profit and it may often be injurious to health. The more common adulterations are: Blended cottonseed oil for olive oil; starch or sugar in cocoa and chocolate; caramel, pea meal, or chickory in coffee; cheap fats or cottonseed oil in lard;

saccharin for cane sugar; cereals in sausages; bran in flour; oleomargarine as butter; distilled and colored vinegar as pure cider vinegar, etc.

A food is considered adulterated, according to the Pure Food and Drugs Act of 1906—

1. If any substance has been mixed and packed with it so as to reduce or lower or injuriously affect its quality or strength.

2. If any substance has been substituted wholly or in part for the article.

3. If any valuable constituent of the article has been wholly or in part abstracted.

4. If it is mixed, colored, powdered, coated, or stained in any manner whereby damage or inferiority is concealed.

5. If it contains any poisonous or other added deleterious ingredient which may render such article injurious to health.

6. If it contains in whole or in part a filthy, decomposed, or putrid animal or vegetable substance or any portion of an animal unfit for food, whether manufactured or not, or if it is the product of a diseased animal or one that has died otherwise than by slaughter.

7. Misbranding is regarded as a form of adulteration under the Pure Food and Drugs Act.

Accountability.—Immediately upon the receipt, inspection, and acceptance of dry and fresh provisions delivery is completed, title to them passes, and they become the property of the hospital, and the commissary division is held accountable for them. The accountability of the commissary division for provisions includes the keeping of the necessary accounting records, the storage and preservation of provisions, and such measures as are necessary to insure the economical use of provisions. Accounting procedures will first be briefly discussed.

Deliveries of provisions are accompanied with dealer's bill, S&A Form No. 76, or other invoice. One copy (or more as may be required) is receipted and returned to the vendor or transferer and one copy is retained for internal purposes. It is from these retained copies that the "receipt" portion of the daily Receipt and Expenditure Voucher (N. M. S. Form No. 37) is prepared. The "expenditure" portion of this form is prepared from the records which record issues from the issuing storeroom, through which (for bookkeeping purposes) all provisions are considered to pass. This form is so arranged as to present a daily itemization of all provisions received and/or expended, the quantities involved, the unit cost, and extensions. After the preparation of this form, invoices are filed in the appropriate dealer's jacket for future reference.

The receipt of all provisions, regardless of source, is recorded in the commissary ledger. Similarly, all expenditures (issues from the issuing storeroom, including those provisions made available to the messes immediately upon receipt) are also recorded in this ledger. It should be posted daily from the invoices representing receipts and from the expenditure records; i. e., the daily journal or N. M. S. Form R, whichever may be the local practice. It is the responsibility of the commissary steward to keep this record posted to date and verified weekly by physical inventory. The receipts and expenditures of provisions are recorded as debits and credits in the Stores Account of the General Ledger of the hospital.

Upon approval by the commanding officer, N. M. S. Form No. 37 becomes an accomplished voucher and a permanent record. It may be likened to a journal entry in a bookkeeping system, inasmuch as it is the supporting voucher for entries of quantities and values in the commissary ledger.

The commissary ledger is a loose-leaf book provided with pages in sets of two and arranged to present quantities and cash values. The page provided for quantity accountability is arranged to present receipts and/or expenditures of accepted units in distinctive columns headed "R" and "E" respectively. In order to distinguish more clearly between the columns, receipts are entered with black ink and expenditures with red ink—positive and negative entries. The page provided for cash values is arranged to present the value of the inventory brought forward, summary values of daily receipts and expenditures, and running totals. The running totals provide a convenient expedi-

ent for the control of appropriational expenditures against the provision allotment and a ready means of computing the average per diem cost of the current ration. At the beginning of a month the name, unit, unit coat, number of units on hand, and total value of all items on the inventory are brought forward from the preceding month and entered on new pages of the commissary ledger. Transactions for the current month are then posted chronologically from the approved N. M. S. Form No. 37. After the final transactions of the month have been entered, all columns are summarized, the expenditures deducted from receipts (including the inventory brought forward), and a closing book inventory determined. Quantities and summary values of this inventory must be verified by reference to the provisions stock ledger and by an actual inventory of unexpended stock on hand as of the corresponding date. Adjustments are often indicated due to picking up or dropping fractions. Errors are also discovered at this time and must be corrected or adjusted as may be deemed proper before a final closing inventory is determined and carried forward to the next succeeding month.

The value of inventories is calculated on the average cost basis of items and when new lots of provisions differ in unit cost from those already in stock, a new unit cost price of the combined lots must be made. This price is determined in the following manner: If on a certain date there are in store 6 bags of corn meal valued at $1.00 per bag, and 10 more bags valued at $2.00 per bag are received, the sum of the units and the total value of the combined stock are determined. The latter is divided by the former and a new value per bag is established, which in this instance is $1.625.

When dry provisions are received they should be promptly placed in the dry provisions storeroom, and perishable fresh provisions should be stored immediately in refrigerating rooms to prevent deterioration and spoiling.

For the information of the reader there will now be given a brief account of methods used in preserving foods in order to keep them fit for human consumption.

Food preservation.—The methods used in the preservation of foods are: cold, drying, pickling, smoking, canning, preserving, and chemical treatments.

Cold is an antiseptic rather than a germicide. Low temperatures kill few bacteria, but prevent the growth and multiplication of most of them. No micro-organisms pathogenic to man will grow or multiply at the temperature of the refrigerator, but many saprophytic bacteria and molds will, even as low as zero centigrade. Most pathogenic bacteria withstand freezing, but suffer a quantitative reduction. Most animal parasites die in cold storage. At a temperature of 9° F. trichinae will die in 20 days. The longer an article remains in cold storage the relatively safer it is. The proper preservation temperature varies for different foods. Meat and poultry should be kept frozen at a temperature of 25° F. for long keeping. To keep them for short periods in a chilled condition the temperature should be 33° F. Milk and eggs in the shell are injured by freezing. For long keeping fish usually are frozen, dipped in water and refrozen, then stored at 20° F. This coating of ice prevents the loss of water due to surface evaporation.

Articles may be kept in cold storage for a long time; fish for as long as 2 years. (Meat, poultry, eggs, and vegetables may be kept for months). Undrawn poultry keeps better in cold storage than drawn, and drawn poultry decomposes more rapidly after removal from the refrigerator.

Cold imparts no new taste nor does it seriously alter the natural flavor. It does not diminish the digestibility nor cause any loss of nutritive value.

Drying is a primitive method of preserving meats, fruits, vegetables, and other food substances. It furnishes an ideal antiseptic condition, for bacteria require moisture for their growth, and drying removes this. Furthermore, dried foods usually are cooked before being eaten. It is not adapted as well to meats as to fruits and vegetables. Dried meats lose their natural flavor. Dried eggs and milk keep their nutritive value.

Pickling is a method of preserving food by submersion in brine, vinegar, or weak acids. When brine is used for pickling it should contain 18 to 25 percent of salt. Pickling should be

considered antiseptic rather than germicidal. Trichinae die after prolonged pickling.

Smoking consists in drying food and exposing it to smoke in which certain substances such as acetic acid, creosote, formaldehyde, etc., have been incorporated. These are considered germicidal, but it must be remembered that the penetration is only partial. For example, in smoking sausages, if they are large in diameter, the smoke does not penetrate to the whole of the contents. They may become dangerous in regard to the various parasites and the products of decomposition contained therein, as smoked meats often are eaten raw.

Canning is the practical application of the process of fractional sterilization to the preservation of food. Two or more sterilizations are usually made, with a lapse between the sterilizations to permit the germination of spores, which are killed by the subsequent sterilizations. Canned foods are sterile and safer than the fresh article. Fortunately, improperly sterilized canned foods are easily detected by the odors that are produced. Properly canned goods are safe and quite as nutritious as the fresh article.

Preserving is a method of preserving food by the addition of sugar and cooking. For this reason the food article must be considered free from infection. Various acids and salts, such as salicylic acid, benzoic acid, and sodium benzoate, in limited quantities allowed by law, are sometimes used in preserving. Most people, however, object to any chemical or drug substance being used as a preservative.

Other chemicals are used: borax and boric acid, formaldehyde, sodium and potassium nitrate, potassium permanganate, sodium fluoride, hydrofluoric acid, sulfites, sodium bicarbonate, hydrogen peroxide, and arsenic.

Expenditure.—Provisions may be expended by issue from the issuing storeroom, by transfer to other activities, or by survey should they become unfit for human consumption.

In order for provisions to be issued from the issuing storeroom, the chief cook in the main kitchen, the dietitian in the diet kitchen, the housekeeper in the nurses' quarters, and the person in charge of any other special mess prepare a food requisition and submit it to the commissary officer every morning. The requisitions are based on the menus prepared in advance, except in the case of the diet kitchen. The requisitions should call for sufficient food for three meals—supper, and breakfast and dinner for the following day. After the requisitions are approved by the commissary officer they are sent to the issuing storeroom for issue at stated hours. The hours of issue should be arranged so that they operate to the best advantage, both to the section drawing the provisions and to the commissary department. All eggs, oranges, milk, cream, etc., issued to the wards on request, should be issued by the issuing storeroom and through the diet kitchen. No uncooked food should be issued to any section or hospital department, except by the method outlined. In other words, all food is issued through the issuing storeroom, and no food is issued from there except upon the authority of a requisition signed by the commissary officer. This permits the commissary officer to have absolute control over all issues of food.

When provisions are expended by survey, the survey in most cases is an informal one. The value of the provisions surveyed is charged to the cost of the ration.

Should provisions be transferred to other activities, the procedures are as described in the section on Hospital Supplies and Property Accountability.

Issues of provisions to the chief cook are principally made to meet the requirements of the menu for the general mess and of regular diets. In the issue and economical use of provisions the menu is an important factor and will now be discussed.

Menus and their preparation.—Menus are prepared for as many classes of diets as may be necessary, and in preparing them S&A Form No. 333 usually is used. They should be prepared not later than Tuesday of each week for 7 days (Monday to the following Sunday) and be submitted to the commanding officer for approval, via the executive officer.

After being approved, menus should not be changed except for some very good reason, such

as inability to obtain certain articles of provisions, etc.

Regular-diet menus only will be discussed in this section. The points to be kept in mind in preparing regular diet menus are: first, to serve sufficient food to satisfy body requirements; second, to prepare food that is pleasing to the senses, thus stimulating the appetite; and third, to do these economically.

A proper regular-diet menu should be changed every week to give it variety. No matter how carefully a menu is planned or how well the food is cooked and served, if it is repeated too often indifference or aversion may result. Most persons will tire of chicken and ice cream in the same manner as they do of stew and prunes if repeated at short intervals. In the interest of digestive functions and proper metabolism, different kinds of foods should be served in such proportion that the various food-stuffs (protein, fats, and carbohydrates) are ingested in approximately the proportion of one part of fat, two parts of protein, and eight parts of carbohydrates. A lack of the proper food elements in a diet may cause "food deficiency diseases" such as scurvy, pellagra, and beriberi.

It has been found that man does his best when he ingests animal and vegetable food in the proportion of about 20 percent animal and 80 percent vegetable.

A man requires from 3,000 to 5,000 calories of foodstuffs per day in the proportion given above, and knowing that 1 gm. of protein yields aproximately 4 calories, 1 gm. of fat approximately 9 calories, and 1 gm. of carbohydrates approximately 4 calories, the caloric value of menus should be computed from time to time in order to check the caloric sufficiency of the diet.

When uncooked rations are being served on the basis of a well-balanced ration, quantities should be issued in excess to allow for waste. Experience has shown that waste, such as loss in peeling potatoes, food left on plates, etc. can be kept down to about 20 percent. If the principles of a well-balanced ration are observed, food will not be wasted to any great extent by being left on plates.

It may be advantageous to work up a menu by first arranging the dinners for each day, starting in with the meats and building around that main dish. By first deciding what meat to have for each day's dinner, it is easier to obtain a rotation in meats, and it also enables one to work in left-over portions for suppers and breakfasts.

In addition to the required amounts of ordinary meats, starchy vegetables, cereals, beverages, etc., some article of fresh fruit, preferably raw, and also some variety of green, leafy vegetable should appear each day on the menu. In summer the selection of these articles is comparatively easy, but in winter most of them are too expensive for routine use. The following list is suggested, from a combined food value and economic point of view, for use in the late fall, winter, and early spring: fresh fruits, such as oranges, lemons, grapefruit, apples, bananas; and fresh vegetables, such as tomatoes, spinach, lettuce, cabbage, string beans, carrots, and cauliflower.

A good rule to follow in preparing menus is: never open a can when the same article of food is procurable in the market in its fresh condition, provided the fresh article can be purchased at a reasonable price and the personnel of the commissary department have the time to prepare it. It takes more time and labor to prepare fresh articles for serving than it does to open cans, and it is very much easier for the cooks to open cans than it is to get the mess attendants to prepare the fresh articles. Consequently, the kitchen requires constant supervision by the commissary officer to prevent the substitution of canned goods from the dry-provision storeroom for fresh provisions when the latter have been procured for the menu. Then, if it is intended to have fresh string beans for a certain meal the words "fresh string beans" should be written on the menu and not the words "string beans."

The color combinations of foods presented when the finished meal is on the plate should be considered in preparing menus. Avoid a similarity of color so far as practicable, as a variety of colors stimulates the appetite. A dinner consisting of cream of potato soup, roast pork, mashed potatoes, stewed dried lima beans, vanilla ice

cream, and bread would all be white in color. If the soup were changed to vegetable soup, the lima beans to tomato salad, apple sauce served with the roast pork, and the vanilla ice cream changed to chocolate, the color monotony would be broken.

In order to have a standard as a basis for the caloric or fuel value in preparing menus at hospitals the caloric value of a "fresh provision," U. S. Navy ration, given in Gatewood's *Hygiene* as 3,563 calories per day per man, may be taken. It must be understood that the average caloric value for all food consumed in a hospital will be greater than this figure because of the special diets, special messes, and for other reasons. Accepting this standard for the regular diets, the U. S. Navy ration table, as given in the *Bureau of Supplies and Accounts Manual,* may be used as a basis for comparative purposes. For instance, 1¾ pounds of fresh meat per day per man is allowed; also 1¾ pounds of fresh vegetables, 2 ounces of butter, 4 ounces of sugar, etc. By computing the amounts of the various items of provisions used in a hospital a very accurate idea may be had of whether or not excessive amounts of the various items of foods are being used in the menus.

CHAPTER 6

MAINTENANCE DIVISION

The effective operation of the maintenance division is a very important link in the organizational chain of any type medical or dental command. Its function and procedures in the over-all maintenance are of interest to all personnel of the Medical Department of the Navy. Officers of the Medical Service Corps and Hospital Corps are frequently assigned as maintenance officers in naval hospitals and dental commands and a general knowledge of maintenance is needed. It will likewise be helpful to medical or dental officers who may at some time command a medical or dental facility.

GENERAL DUTIES AND RESPONSIBILITIES

The *Manual of the Medical Department* (1948) outlines the duties of the maintenance officer of a naval hospital or dental command as follows: He shall have charge of all maintenance and security of offices, shops, and equipment; supervise the duties of the fire marshall; and be responsible for the maintenance and operation of the power plant, laundry, garage, and similar installations. It further provides for his functioning as security, laundry, and transportation officer.

Maintenance.—The maintenance officer is responsible for the efficient operation of the utility system, care and repair of transportation equipment, and the upkeep of land and buildings. He has charge of all skilled and common labor employed in the maintenance division and plans the daily work program for the maintenance force. He approves all work or repair requests and classifies each request as *emergency, priority,* or *routine.* The maintenance officer keeps adequate records of all work assignments, and computes the cost of material used and the cost of labor required. The maintenance officer should inspect and supervise: (1) the installation of fixed equipment, (2) the repairs, replacements, alterations, and/or installation of utility systems, and (3) the painting program, and all works in connection with the upkeep of grounds and gardens by the foreman gardener and his force.

Security.—The *Manual of the Medical Department* provides that the maintenance officer shall also be assigned duties as security officer, transportation officer, and laundry officer. As security officer, he shall be responsible for the security of all offices, shops, equipment, and personnel attached to the maintenance department, as well as the security of all buildings and grounds, including cemeteries.

Security includes the safeguarding of property of the United States Government not only against loss of theft, sabotage, and intrusion and trespassing by unauthorized persons, but also against loss and damage caused by fires and by winds of hurricane or tornado velocity, lightning, heavy rain, and snow or hail storms.

In the first instance, much can be accomplished to guard against loss by theft and sabotage by using adequate locking devices when spaces and equipment are unattended. In other words, all buildings, files, desks, safes, etc., should, when possible, be locked at the end of each day's work. Also, adequate precautions should be taken to insure that no unauthorized persons are permitted in areas where pilferage and theft could easily be committed. These duties should be performed by the maintenance forces—that is, the civilian employees of the

various shops during the usual work hours, and by the military guard and/or Civil Service police force after working hours and during non-work days. Responsibility and accountability for items of equipment, by a system of inventory and custody records, are under the cognizance of the finance officer. Concise, definite orders and instructions must be posted for the guidance and observance of the Civil Service Police. From the viewpoint of security, these orders must clearly indicate (1) the authority governing the admission of personnel to a facility and their departure from it; (2) the procedure to be followed when unauthorized persons are apprehended; (3) the procedure for search of vehicles (when indicated); and (4) measures to be taken when government property is found in unauthorized hands.

In the second instance, damage control enters into the requirements for the comprehensive and adequate planning of an *emergency readiness bill.* This bill provides for certain protective measures being taken by designated personnel when disaster threatens. For example, a *hurricane bill* will set forth protective measures against hurricanes.

Last, but by no means least, security against loss of life, as well as loss of property, by fire must be considered. Since fire prevention and fire fighting are the responsibility of the security officer, he must give considerable study and planning to these subjects.

The first consideration should be the methods and means of fire prevention. In the original construction of an activity, certain standards in material and types of material must be maintained. These standards depend on the purpose for which a building or section of a building will be used.

Next, let's take up the type of construction. There should be provisions made for adequate fire exits or escapes, fire doors and barriers, fire alarm systems, and automatic sprinkler systems. All of these should be included in the specifications for construction.

It is the responsibility of the Bureau of Yards and Docks representative, as the inspector, to inspect and pass upon these and other requirements. Although the above-mentioned provisions are fully met at the time of construction, directives will be issued, from time to time, by the district fire marshal, who adopts new methods and equipment for the prevention and fighting of fires. Strict compliance with such directives is the responsibility of the security officer. Also, frequent inspections must be made to insure that compliance by the personnel concerned is being observed.

Certain materials, such as oils, petroleum, petroleum products, and paints containing these and certain other substances, are capable of spontaneous combustion when stored under improper conditions. A great many fires have originated in this manner, and if they occurred in isolated or infrequently used spaces, they gained considerable headway before being detected.

Adequate, well-constructed, and properly located storage spaces must be provided for storing all dangerously combustible and inflammable material. These spaces *must be inspected frequently.*

Smoking is necessarily forbidden in all places where it would constitute a fire hazard. "No Smoking" signs should be posted, and no smoking should ever be allowed in restricted areas.

Safety rules have been established for the use of welding torches and blow torches. Men using this type of equipment must thoroughly understand and observe all precautionary measures as stipulated in safety rules. Among the more serious fires in recent years was that resulting in the complete loss of the *USS Lafayette,* formerly the French luxury liner *Normandie.* This disaster occurred because of the gross negligence of an employee using a welding torch in a space where flammable material was stored without observing even ordinary care and precaution. Two other disastrous fires that took a heavy toll in lives were the Cocoanut Grove night club fire in Boston, and the Wyncoop Hotel fire in Atlanta. Probably no lives would have been lost in either fire if proper inspections had been made to insure compliance with the prescribed laws requiring adequate emergency exits.

The security officer is charged with the maintenance and upkeep of all fire fighting apparatus and equipment. Daily attention must be given to all fire trucks to avoid the failure of equip-

ment when an emergency occurs. Frequent inspections and tests of all fire hoses and chemical fire extinguishers must be made. Records must be kept of these inspections, and the tests and results must be noted. Immediate steps must be taken to correct any defects.

Fire bills must be kept up to date and posted in the designated places. Weekly fire drills should be held to maintain and improve the fire fighting efficiency of the military personnel and Civil Service firemen. This is the responsibility of the assistant security officer. However, in case of actual fire at a naval hospital, the overall responsibility and authority rest with the executive officer.

Transportation.—The transportation officer is responsible for the following: (1) the repair and maintenance of all automotive equipment; (2) periodic inspections and checks, known as preventive maintenance; (3) the recording of repairs, labor and parts required, miles operated, and the gas and oil consumption of each vehicle; (3) the dispatching of all vehicles on scheduled trips and authorized unscheduled trips; and (4) the issuance of trip tickets for each vehicle dispatched. The transportation officer must also initiate request to the finance officer for the procurement of all transportation supplies and equipment, and to the personnel officer for required military personnel.

Laundry.—The maintenance officer in the larger Medical Department facilities usually functions as laundry officer. It is one of his important collateral duties.

The laundry officer is responsible to the commanding officer for the efficient operation of the laundry. He has general supervision and management control of the plant, including all civilian and military personnel assigned thereto.

It is the function of the laundry officer to pass on the qualifications of civilian laundry personnel and to recommend to the finance officer those persons found qualified for employment. A civilian with laundry operation background should be employed and given the rating of chief laundryman. To the chief laundryman should be delegated the authority to supervise and advantageously place civilian personnel. The chief laundryman is responsible to the laundry officer for the upkeep of all plant machinery and equipment, and for the proper care of supplies.

The laundry officer is required to keep records of operations and production. He is also required to submit periodic reports to the commanding officer. These reports should outline the cost and the amount of work done.

If the laundry officer has been authorized by the commanding officer to do personal laundry work, either patient or staff, a separate cost record is required. This applies to any laundry work that may be done for the ship's service.

CIVIL SERVICE PERSONNEL

The *Manual of the Medical Department* provides that the maintenance officer shall have charge of all personnel assigned to offices, shops, and departments concerned with the maintenance, repairs, minor alterations and improvements, and upkeep and security of all buildings, grounds, and utility systems. This includes the fire fighting departments, the civil police force, the garage, and laundry.

The maintenance officer has as his assistant a Group IVA Civil Service employee whose title at naval hospitals is foreman mechanic. The foreman mechanic has general supervision and management control over all Civil Service personnel coming under the cognizance of the maintenance department. The foreman mechanic has as his assistants one assistant foreman mechanic for each three shops in the maintenance department. The assistant foreman mechanic has charge of all Civil Service personnel who are assigned to the pertinent shop or group of shops, as well as the supervision and direction of all work. For matters of expediency, the grouping of shops should include those shops in which there is some similarity or continuation of the work to be performed.

For each shop or unit there should be one head rating for each four men doing the same work; that is, head carpenter, head painter, head electrician, head plumber, head mechanic, etc. These heads are shop supervisors, and are assigned ratings for the purpose of leadership and supervision.

In general, we might say that all Civil Service employees are divided into two categories:

per annum and per diem (graded—ungraded). The salary for the per annum employee is paid on an annual rate fixed by law—Classification Act of 1923, as amended—while the per diem employee is paid an hourly rate fixed by the SecNav through the labor wage board.

Employees assigned to the maintenance department come under both categories. The majority of such employees, however, are within the per diem group. This group consists of helpers, craftsmen, skilled or semi-skilled laborers, etc. In the smaller, per annum category will be clerks, statisticians, storekeepers, firefighters, and guards. Classified positions are permanent appointments and unclassified positions are temporary.

The Navy Civil Service civilian personnel are divided into five general groups as follows:

Group I—Laborers and others engaged in manual work which requires no mechanical skill or trade knowledge.

Group II—Employees performing work which requires limited mechanical skill or trade knowledge.

Group III—Artisans or skilled workers.

Group IVA—Supervisors of employees in groups I, II, and III.

Group IVB—Employees subject to the Classification Act of 1923, as amended, and employees performing similar duties.

EMPLOYMENT

The Bureau of Medicine and Surgery makes *annual allotments of funds* to each activity for the payment of salaries and wages of civilian personnel, and authorizes the commanding officer to establish a civilian complement which best suits the needs of the activity under Public Law 390. This law places ceilings which limit the total number of civilians that may be employed. Subject to these limitations, Groups I, II, III and IVA employees (except foreman mechanics) may be appointed and promoted without approval of the Bureau, and Group IVB employees may be appointed and promoted without reference to the Bureau, provided the employee meets the requirements prescribed by the Civil Service Commission.

RESPONSIBILITY AND BASIC REGULATIONS

The medical or dental officer in command is responsible for the administration of civilian personnel and for the strict compliance with Navy civilian personnel instructions and Civil Service rules and regulations. He must of necessity delegate such duties and responsibilities to the personnel officer, department heads, and supervisors as applicable.

LABOR BOARD

The labor board, a committee composed of Navy and Civil Service Commisison personnel, is responsible for the enforcement of Civil Service rules relating to employment of civilians at naval activities. A branch labor board may be authorized at isolated naval activities to serve only the needs of that particular activity, and as such is responsible to the parent labor board usually located at a district naval base. The functions of these boards are: (a) to develop sources of labor supply; (b) to select the most competent applicant; (c) to exercise such control as specified over the transfer, promotion, discharge, reinstatement, or other adjustments of civilian employees; and (d) to maintain service record jackets of all civilian employees.

Appointments and promotions of foremen mechanics shall be forwarded via the Bureau of the Office of Industrial Relations for approval.

Working conditions.—The commanding officer shall insure that working conditions for civilian employees are adequate to maintain desirable standards of health, safety, and comfort. He should encourage and cooperate in social, athletic, and other recreational activities outside of working hours.

Discipline—complaints and grievances.—The commanding officer is responsible for correcting conditions conducive to unfairness, misunderstanding, or dissatisfaction. Supervisors shall correct such conditions when it is within their authority to do so, and handle complaints and grievances when they arise. It is necessary, therefore, that supervisors be cognizant of Navy Department grievancy procedure (NCPI 80).

Authority shall devolve downward in this chain; commanding officer; executive officer; maintenance officer; foreman mechanic; assistant foreman mechanic, head rating, and employee. Reprimands are made by the supervisor of the employee when possible. Verbal reprimands directly to the employee by a military department head or supervisor should only be made in the absence of the civil employee supervisor.

Workshop supervision.—As previously stated, the *general* supervision and management control of all workshops come under the cognizance of the maintenance officer, and the foreman mechanic acts as his representative. Direct and specific supervision of each shop or group of shops, however, comes under the assistant foreman mechanic who in turn delegates authority to the head rating. Here again we see the chain of command or authority. This chain is followed in the execution of all orders and directives affecting the work to be performed, the manner of performance, the observance of safety rules and precautions, working conditions, and finally, the inspection of the completed job.

Shop equipment.—Workshops of the maintenance department at naval hospitals today are modern and up to date in all respects. They are equipped with the best and most expensive machinery and hand tools that can be obtained. Carelessness and negligence in the operation and upkeep of the equipment cannot be tolerated, not only from the viewpoint of damage which causes delay in production while repairs and replacements of expensive machinery are being made but from a viewpoint of safeguarding life and limb as well. Therefore, the care in maintenance and operation must be stressed and observed at all times.

Work to be performed.—Again we refer to maintenance as being the care, repair, and replacement of equipment; and the preservation, repair, and upkeep of land, buildings, grounds, and utility systems. Only such work as may come under these categories should be undertaken at naval hospitals; and then only such work as specified on a duly processed and approved work request, which will be the basis for recording the amount of work done and cost of labor and material. This information is later used in the hospital's expense analysis. It is not the intent of the Bureau that the hospital maintenance force be used as a public works force or construction force.

Garage and transportation.—As in other departments, the supervision and operation of the garage and transportation equipment follows the same chain of authority: maintenance officer (collateral duty: transportation officer), foreman mechanic, assistant foreman mechanic, and head mechanic—the head mechanic being the direct on-the-job supervisor.

A system of preventive maintenance shall be strictly observed; that is, the periodic inspection, checking, adjusting, repairing and replacing of defective parts. This program should assure continued safe and economical operation of vehicles until such time as a major overhaul is required.

Repair work of any nature by the garage force should not be allowed on privately owned automobiles.

A complete record is kept on each vehicle listing all repairs, replacement of parts, mileage traveled, gas and oil consumption, and complete cost of maintenance and operation. From these records, data is obtained for semi-annual automotive reports.

The garage and transportation force has been recommended to provide one automotive mechanic for each ten vehicles, one helper for each two mechanics, and one head chauffeur for each five chauffeurs. Of course, the number of chauffeurs employed will vary according to the number of vehicles in use at the various hospitals and to the peculiar and particular needs of each hospital. A dispatcher is responsible for coordinating routine scheduled trips. A complete report in acordance with the prescribed forms shall be made in the case of all accidents involving government owned vehicles.

Tools.—Vehicles require proper tools for care and upkeep. The mechanic should be consulted as to the tools needed for the vehicles to be serviced. Tools should be ordered through the proper channels. No mechanic can be expected to maintain high efficiency and morale without the proper tools and necessary supplies.

Parts.—At all stations in the transportation department, a locked parts room should be built within the garage space. In such a room, the mechanic should maintain accurate records of parts required for the various ambulances, trucks, or other vehicles; and store spare fast-moving parts so that they will be available at a moment's notice, thereby expediting repairs. The head mechanic shall be responsible for tires and heavy spare parts not in use.

It is advisable to send all major overhaul jobs to the public works shop on a job order.

Maintenance, repair, minor alterations, buildings, and grounds.—Maintenance of buildings and grounds includes routine daily or weekly procedures necessary to keep buildings clean and preserve them, such as sweeping, swabbing, scrubbing, waxing, polishing, and periodic painting. Grounds require daily care for cleanliness. In addition, a program should be instituted to promote the growth of lawns, shrubbery, trees, and flowers, to preserve soil.

Repairs and minor alterations are made as the need arises and as directed by approved *requests for repairs.* Such repairs as major alterations and additions which are considered beyond the capacity of the maintenance force, will require either a specific work request and contract, or be included in the annual work request of the public works officer.

Inspections.—In addition to the routine observation of needed corrective measures the maintenance officer accompanies the commanding officer or executive officer on weekly inspections, during which a notation is made of defects, deficiencies, or improvements that require attention. It then becomes the responsibility of the maintenance officer to initiate and follow through to completion all work required.

The maintenance officer, if a civil engineer officer, will be required to make periodic inspections and reports on the structural condition of all buildings, and specific recommendations for repairs or alterations required to meet the standards for security.

Military and civil guard.—The maintenance officer (collateral duty, assistant security officer) has the responsibility for the military and civil guard at naval hospitals, and he shall maintain sufficient personnel to provide for adequate security. He shall provide for a sufficient number of sentry posts or stations and roving patrols to afford full protection of all government property. He is also responsible for the exclusion of all unauthoribed persons from the hospital reservation, and for preventing the departure from the reservation of any service personnel not authorized to leave it.

The maintenance officer is required to arrange the watches for military guards and to provide a schedule of employment for the civil guard to conform to the prescribed 40-hour work week. He is responsible for the promulgation of all hospital orders and memos for the information and guidance of the guard, and shall take such measures as may be required to insure that such orders are diligently complied with.

It may be repeated here that the fire department of the hospital is under the cognizance of the maintenance officer. He, therefore, is responsible for the assignment of fire fighters on regular shifts so as to afford protection on a 24-hour basis over a 7-day week. He is responsible that instructions and training be provided all fire fighters, and must supervise frequent (weekly) fire drills for the purpose of familiarizing all personnel with the local fire bill.

Assistance in preparation of budget.—In the preparation of the annual estimate of expenditures, the finance officer must necessarily depend on the maintenance officer to a very great extent for an estimate of the requirements of the maintenance department for the ensuing fiscal year. The anticipated requirements will cover labor and material. It is readily apparent that, covering such a broad scope as it does, consideration of the needs of this department cannot be delayed until a very short time before the date for submission of the estimate of expenditure. Therefore, the budget must be considered and tentative plans must be made for it throughout the year. Such plans should provide for additional equipment and personnel as required; replacement of existing equipment that is, or will be, beyond economical repair; major overhauls of large items of equipment; extensive painting programs; renovation or modernization of utility systems; installation of fire prevention systems; etc.

Additional information will be required for the anticipated needs for all maintenance, garage and transportation, laundry supplies and such utilities and services as procured from civilian sources, such as water and electricity. Data should be recorded throughout the year so that all this information may be readily available for compilation with a minimum of confusion and delay, when it is required by the finance officer.

CHAPTER 7

FORMS AND PROCEDURES

Procedure is defined as the method or course to be followed to achieve an objective.

In the Navy there are standard rules of procedure covering every functional phase. The processes of planning, organizing, and procuring follow a standard pattern of procedure. To facilitate various methods of procedure, the Bureau of Medicine and Surgery has designed specific forms to be followed by medical and dental personnel in all functional phases of administration.

Forms to most people suggest repugnant and needless labor. There is an almost universal dislike to the idea of preparing or filling out any kind of form; and seemingly, the belief generally prevails that to make out a standard type of form is a complicated process which is to be avoided when possible. As a matter of fact the opposite is true. Every form has been conceived primarily to simplify a specific procedure and is usually self-explanatory and simple to fill out.

Outlined in this chapter is a list of approximately 128 forms currently used by medical and dental activities. Many of these forms listed are now in the process of revision; others are infrequently used. Therefore no attempt will be made to describe in detail each form listed. A detailed discussion of several of the more important forms is desirable, however, and is included in the following chapters together with their facsimiles.

FORMS REGISTER (NEW)
NAVEXOS 2593

Form Number	Title	Originating Office (Official mail address)	Additional Information (Superseded by: Cognizance transferred, etc.)
NAVMED-A	Annual Syphilis Report.....	BUMED...	Stocked at CDS. Used by each Navy or Marine Corps activity or unit.
NAVMED-B	Allotment Expenditures and obligations, Report of.....	BUMED...	Stocked at CDS. Used by Naval * hospitals, dispensaries and yard or station in U. S.
NAVMED-D	Transfer of Property Custody, Medical Department, USN.....	BUMED...	Stocked at CDS. Used by all * Medical Department activities.
NAVMED-E	Statement of Receipts and Expenditures, Medical Department Property	BUMED...	Stocked at CDS. Used by all Naval * activities having Medical Department property.

* Also used by dental activities.

FORMS REGISTER (NEW)—Continued
NAVEXOS 2593—Continued

Form Number	Title	Originating Office (Official mail address)	Additional Information (Superseded by: Cognizance transferred, etc.)
NAVMED-F	Individual Statistical Report of Patient (file copy)	BUMED...	Stocked at CDS. Used by all * Medical Department activities.
NAVMED-Fa	Individual Statistical Report of Patient (bureau copy)	BUMED...	Stocked at CDS. Used by all Medical Department activities.
NAVMED-G	Hospital Ticket	BUMED...	Stocked at CDS. Used by all * Medical Department activities.
NAVMED-I	Weekly Report of Patients	BUMED...	Stocked at CDS. Used by hospital ships, hospitals and each other shore-based activity having an authorized bed capacity.
NAVMED-K	Dental Operations and Treatment, Report of	BUMED...	Stocked at CDS. Used by all dental activities.
NAVMED-L	Prosthetic Dental Treatment, Report of	BUMED...	Stocked at CDS. Used by all dental activities having prosthetic facilities.
NAVMED-M	Board of Medical Survey, Report of	BUMED...	Stocked at CDS. Used by all * Medical Department activities.
NAVMED-MA	Board of Medical Survey, Report of (following sheet)	BUMED...	Stocked at CDS. Used at all Medical Department activities.
NAVMED-N	Certificate of Death	BUMED...	Stocked at CDS. Used by all * naval activities.
NAVMED-P	Surgical Operations, Report of	BUMED...	Stocked at CDS. Used by ships, other than hospital ships and hospital ships and other medical activities.
NAVMED-Q	Clinical Chart	BUMED...	Stocked at CDS. Used by hospitals * and hospital ships and other Medical Department activities.
NAVMED-R	Issue Voucher	BUMED...	Stocked at CDS. Used by all * Medical Department activities.
NAVMED-S	Binnacle List	BUMED...	Stocked at CDS. Used by all * Medical Department activities.
NAVMED-T	Morning Report of Sick	BUMED...	Stocked at CDS. Used by all * Medical Department activities.
NAVMED-U	Medical, Dental, & Hospital Treatment Other Than Naval, Report of	BUMED...	Stocked at CDS. Used by all * ships and stations having Medical Department representative.
NAVMED-W	Medical Stores Ledger Sheet	BUMED...	Stocked at CDS. Used by all * Medical Department activities.
NAVMED-Wa	Real Estate, Land and Building Ledger Sheets	BUMED...	Stocked at CDS. Used by activities under BuMed management control.
NAVMED-X	Recruiting Statistics	BUMED...	Stocked at CDS. Used by each naval and Marine Corps activity.

* Also used by dental activities.

FORMS REGISTER (NEW)—Continued
NAVEXOS 2593—Continued

Form Number	Title	Originating Office (Official mail address)	Additional Information (Superseded by: Cognizance transferred, etc.)
NAVMED-Xa	Recruiting File Card.....	BUMED...	Stocked at CDS. Used by each naval and Marine Corps activity.
NAVMED-Y	Physical Examination, Report of...	BUMED...	Stocked at CDS. Used by ships & * stations having Medical Department representative.
NAVMED-AV-1	Physical Examination for Flying...	BUMED...	Stocked at CDS. Used by ships & * stations having Medical Department representative.
NAVMED-H-1	Health Record (Cover).....	BUMED...	Stocked at CDS. Used by all * Medical Department activities.
NAVMED-H-2	Health Record (Physical Examination)	BUMED...	Stocked at CDS. Used by all Medical Department activities.
NAVMED-H-3	Health Record (Immunization Record)	BUMED...	Stocked at CDS. Used by all Medical Department activities.
NAVMED-H-3a	Health Record (Special Duty Abstract)	BUMED...	Stocked at CDS. Used by all Medical Department activities.
NAVMED-H-4	Health Record (Dental Record)....	BUMED...	Stocked at CDS. Used by all activities with dental officers.
NAVMED-H-5	Health Record (Abstract of Service)	BUMED...	Stocked at CDS. Used by all Medical Department activities.
NAVMED-H-6	Health Record (V. D. Abstract)...	BUMED...	Stocked at CDS. Used by all Medical Department activities.
NAVMED-H-7	Health Record (Abstract of Antiluetic Treatment)	BUMED...	Stocked at CDS. Used by all Medical Department activities.
NAVMED-H-8	Health Record (Medical History)...	BUMED...	Stocked at CDS. Used by all * Medical Department activities.
NAVMED-H-9	Health Record (Aviation Medical Abstract)	BUMED...	Stocked at CDS. Used by all Medical Department activities with flight facilities.
NAVMED-HC-3	Receipt, Transfer and Status Card	BUMED...	Stocked at CDS. Used by ships * & stations having Medical Department representative.
NAVMED-HC-4	Roster Report of the Hospital Corps (title sheet)	BUMED...	Stocked at CDS. Used by all ships * & stations having Medical Department representative.
NAVMED-HC-4a	Roster Report of the Hospital Corps	BUMED...	Stocked at CDS. Used by all ships * & stations having Medical Department representative.
NAVMED-HF-9	Ward Report	BUMED...	Stocked at CDS. Used by naval * hospitals, hospital ships and dispensaries.

* Also used by dental activities.

FORMS REGISTER (NEW)—Continued
NAVEXOS 2593—Continued

Form Number	Title	Originating Office (Official mail address)	Additional Information (Superseded by: Cognizance transferred, etc.)
NAVMED-HF-10	Daily Personnel Report.....	BUMED...	Stocked at CDS. Used by naval * hospitals and hospital ships.
NAVMED-HF-11	Equipment Voucher	BUMED...	Stocked at CDS. Used by all * activities having Medical Department representative.
NAVMED-HF-17	Clinical Notes	BUMED...	Stocked at CDS. Used by naval * hospitals, hospital ships, and dispensaries having in-patients.
NAVMED-HF-18	Diet Sheet	BUMED...	Stocked at CDS. Used by naval * hospitals, hospital ships, and dispensaries having in-patients.
NAVMED-HF-20	Liberty List	BUMED...	Stocked at CDS. Used by naval * hospitals, hospital ships, and dispensaries.
NAVMED-HF-21	Laundry List	BUMED...	Stocked at CDS. Used by naval * hospitals and naval dispensaries.
NAVMED-HF-22	Personal Effects Tag.....	BUMED...	Stocked at CDS. Used by naval * hospitals, hospital ships, and dispensaries.
NAVMED-FH-23	Order and Inspection Blank.....	BUMED...	Stocked at CDS. Used by naval * hospitals.
NAVMED-HF-25	Baggage Record Card.....	BUMED...	Stocked at CDS. Used by naval * hospitals, hospital ships, and dispensaries having in-patients.
NAVMED-HF-27	Laboratory Examination	BUMED...	Stocked at CDS. Used by Naval * hospitals, hospital ships, and dispensaries having in-patients.
NAVMED-HF-32	Pass Book	BUMED...	Stocked at CDS. Hospitals,* hospital ships, and dispensaries.
NAVMED-HF-33	Letterhead, Naval Hospital.....	BUMED...	Stocked at CDS. Used by naval hospitals.
NAVMED-HF-35	Commissary Ledger, Cash Value Sheet	BUMED...	Stocked at CDS. Used by naval hospitals.
NAVMED-HF-35a	Commissary Ledger, Cash Value Extra Sheet	BUMED...	Stocked at CDS. Used by naval hospitals.
NAVMED-HF-36	Ration Record	BUMED...	Stocked at CDS. Used by naval hospitals and hospital ships.
NAVMED-HF-36a	Daily Ration Memoranda.....	BUMED...	Stocked at CDS. Used at naval hospitals and hospital ships.
NAVMED-HF-37	Receipt and Expenditure Voucher, Commissary Ledger	BUMED...	Stocked at CDS. Used at naval hospitals.

* Also used by dental activities.

FORMS REGISTER (NEW)—Continued
NAVEXOS 2593—Continued

Form Number	Title	Originating Office (Official mail address)	Additional Information (Superseded by: Cognizance transferred, etc.)
NAVMED-HF-38	Burial Record, bound book.....	BUMED...	Stocked at CDS. Used at naval hospitals, hospital ships, and dispensaries.
NAVMED-HF-39	Register of Patients, bound book...	BUMED...	Stocked at CDS. Used at naval hospitals, hospital ships, and dispensaries having in-patients.
NAVMED-HF-53	Notice of Change of Diagnosis.....	BUMED...	Stocked at CDS. Used at naval * hospitals, hospital ships, and dispensaries having in-patients.
NAVMED-HF-57	Special Examination and Treatment Request	BUMED...	Stocked at CDS. Used at naval * hospitals, hospital ships, and dispensaries.
NAVMED-HF-58	Operations Record	BUMED...	Stocked at CDS. Used at naval hospitals, hospital ships, and dispensaries having in-patients.
NAVMED-HF-59	Clinical Record	BUMED...	Stocked at CDS. Used at naval hospitals, hospital ships, and dispensaries having in-patients.
NAVMED-HF-59a	Anatomical Chart for Clinical Record	BUMED...	Stocked at CDS. Used at naval hospitals, hospital ships, and dispensaries having in-patients.
NAVMED-HF-61	Information for Next of Kin.....	BUMED...	Stocked at CDS. Used at naval hospitals and all other activities handling the dead.
NAVMED-HF-62	Time and Payroll Record Card.....	BUMED...	Stocked at CDS. Used at naval hospitals.
NAVMED-HF-63	Request for Repairs.....	BUMED...	Stocked at CDS. Used at activities * under BuMed management control.
NAVMED-HF-64	Operations Scheduled	BUMED...	Stocked at CDS. Used at naval hospitals, hospital ships, and dispensaries having in-patients.
NAVMED-HF-67	Allotment Record	BUMED...	Stocked at CDS. Used at naval * hospitals.
NAVMED-4	BuMed Materiel Requisition.....	BUMED...	Stocked at CDS. Used by all * Medical Department activities.
NAVMED-70	Patients Identity Tag (Green).....	BUMED...	Stocked at CDS. Used by all * Medical Department activities.
NAVMED-70	Patients Identity Tag (Orange)....	BUMED...	Stocked at CDS. Used by all Medical * Department activities.
NAVMED-70	Patients Identity Tag (White).....	BUMED...	Stocked at CDS. Used by all Medical * Department activities.

* Also used by dental activities.

FORMS REGISTER (NEW)—Continued
NAVEXOS 2593—Continued

Form Number	Title	Originating Office (Official mail address)	Additional Information Superseded by: Cognizance transferred, etc.)
NAVMED-102	Report of Neuropsychiatric Patients	BUMED...	Stocked at CDS. Used by naval hospitals within the continental limits of U. S.
NAVMED-103	Hospital Bed Capacity Quarterly Report	BUMED...	Stocked at CDS. Used by naval hospitals.
NAVMED-148	Prescription Pad	BUMED...	Stocked at CDS. Used by all Medical * Department activities.
NAVMED-171	Venereal Disease Contact Report...	BUMED...	Stocked at CDS. Used by all Medical Department activities.
NAVMED-210	Emergency Medical Tag.....	BUMED...	Stocked at CDS. Used by all Medical Department activities.
NAVMED-416	Hospital Ticket—Women	BUMED...	Stocked at CDS. Used by all Medical * Department activities caring for female patients.
NAVMED-440	Altitude Training Unit Monthly Report	BUMED...	Stocked at the Bureau. Used by all training units.
NAVMED-461	Semi-Annual Dental Report — Personnel, Equipment and Facilities..	BUMED...	Stocked at CDS. Used by all dental activities.
NAVMED-556	Spectacle Order	BUMED...	Stocked at CDS. Used by hospitals, hospital ships, and dispensaries having in-patients.
NAVMED-562	Dependents Identification Card.....	BUMED...	Stocked at CDS. Used by naval medical activities having facilities for care of dependents.
NAVMED-566	Appointment Book—Medical Dept...	BUMED...	Stocked at CDS. Used by all Medical * Department activities.
NAVMED-568	Register No. 2 — Expense Analysis Register	BUMED...	Stocked at CDS. Used by naval * hospitals.
NAVMED-569	Register No. 3 — Recapitulation of Ledger Accounts	BUMED...	Stocked at CDS. Used by naval hospitals.*
NAVMED-570	Sheets Ruled (for general ledger)..	BUMED...	Stocked at CDS. Used by naval hospitals.
NAVMED-576	Industrial Health Report Data Sheet	BUMED...	Stocked at the Bureau. Used by each shipyard and other activity specified by the Bureau.
NAVMED-582	Monthly Morbidity Report.....	BUMED...	Stocked at CDS. Used by Navy & Marine Corps activity having Medical Department personnel.
NAVMED-585	Navy Immunization Record.....	BUMED...	Stocked at CDS. Used by hospitals, hospital ships, and dispensaries.

* Also used by dental activities.

FORMS REGISTER (NEW)—Continued
NAVEXOS 2593—Continued

Form Number	Title	Originating Office (Official mail address)	Additional Information Superseded by: Cognizance transferred, etc.)
NAVMED-589	Monthly Report of Night Vision Training	BUMED...	Stocked at the Bureau. Used by naval air stations designated by CNO for night vision training.
NAVMED-590	Combined Report of Enlisted Hospital Corps	BUMED...	Stocked at the Bureau. Used by district medical officers.
NAVMED-601	Report of Burial	BUMED...	Stocked at CDS. Used by officers in charge of each case of burials.
NAVMED-609	Report of Disposition and Expenditures — Remains of Dead	BUMED...	Stocked at CDS. Used by all activities in which a death occurs.
NAVMED-610	Monthly Prosthodontia Report	BUMED...	Stocked at CDS. Used by all dental activities having prosthetic facilities.
NAVMED-618	Report of Photofluorographic Chest Survey	BUMED...	Stocked at CDS. Used by naval hospitals having photofluorographic units.
NAVMED-656	Label Direction (bottle and powder box)	BUMED...	Stocked at CDS. Used by all Medical * Department activities.
NAVMED-669	Monthly Summary, Medical Care of Dependents	BUMED...	Stocked at CDS. Used by Medical Department activities providing care for dependents.
NAVMED-727	Rental Report for Nurses	BUMED...	Stocked at CDS. Used by all activities having Nurse Corps personnel.
NAVMED-732	Request for Work	BUMED...	Stocked at CDS. Used by all Medical * Department activities.
NAVMED-785	Semi-Annual Dental Officer Personnel Report	BUMED...	Stocked at CDS. Used by activity with dental officer.
NAVMED-801	Medical Stores Order Card	BUMED...	Stocked at CDS. Used by activities handling medical stores and equipment.*
NAVMED-802	Medical Stores Usage Card	BUMED...	Stocked at CDS. Used by activities handling medical stores and equipment.*
NAVMED-803	Medical Stores and Equipment Receipt and Expenditure Card	BUMED...	Stocked at CDS. Used by activities handling medical stores and equipment.*
NAVMED-804	Medical Stores and Equipment Title Insert	BUMED...	Stocked at CDS. Used by activities * handling medical stores and equipment.
NAVMED-805	Medical Stores Tally Card	BUMED...	Stocked at CDS. Used by activities * handling medical stores and equipment.

* Also used by dental activities.

FORMS REGISTER (NEW)—Continued
NAVEXOS 2593—Continued

Form Number	Title	Originating Office (Official mail address)	Additional Information Superseded by: Cognizance transferred, etc.)
NAVMED-806	Equipment Location Card.....	BUMED...	Stocked at CDS. Used by activities * handling medical stores and equipment.
NAVMED-816	Report of Caisson Disease or Diving Accidents	BUMED...	Stocked at CDS. Used by all ships and stations with diving activity.
NAVMED-949	Medical Officer Under Instruction, Report of	BUMED...	Stocked at CDS. Used by continental hospitals.
NAVMED-952	Prosthetic Laboratory Record.....	BUMED...	Stocked at CDS. Used by dental activities having prosthetic facilities.
NAVMED-953	Roster Report of the Medical Corps	BUMED...	Stocked at the Bureau. Used by all Medical Department activities.
NAVMED-953a	Roster Report of the Medical Corps — following sheet	BUMED...	Stocked at the Bureau. Used by all Medical Department activities.
NAVMED-1048	Report on Intern and Internships...	BUMED...	Stocked at CDS. Used by all continental naval hosptials and Aiea Heights.
NAVMED-1063	Analysis of Pay and All Allowances Military Staff	BUMED...	Stocked at CDS. Used by all naval * hospitals.
NAVMED-1161	Photofluorographic Log	BUMED...	Stocked at CDS. Used by all photofluorographic units.
NAVMED-1161a	Photofluorographic Log (following sheet)	BUMED...	Stocked at CDS. Used by all photofluorographic units.
NAVMED-1168	Case History — Gastro-Intestinal Illness	BUMED...	Stocked at the Bureau. Used by epidemiology teams.
NAVMED-1174	Optical Dispensing Report.....	BUMED...	Stocked at CDS. Used by all optical dispensing units.
NAVMED-1178	Hospital Case Record — Cross Index Card	BUMED...	Stocked at CDS. Used by all naval hospitals.
NAVMED-1183	Journal of Receipts and Expenditures of Medical Department Property—Equipment Section Receipts	BUMED...	Stocked at CDS. Used by all ships * and stations having Medical Department representative.
NAVMED-1184	Journal of Receipts and Expenditures of Medical Department Property—Equipment Section Expenditures	BUMED...	Stocked at CDS. Used by all ships * and stations having Medical Department representative.
NAVMED-1185	Journal of Receipts and Expenditures of Medical Department Property—Supplies Section Receipts..	BUMED...	Stocked at CDS. Used by all ships * and stations having Medical Department representative.

* Also used by dental activities.

FORMS REGISTER (NEW)—Continued
NAVEXOS 2593—Continued

Form Number	Title	Originating Office (Official mail address)	Additional Information Superseded by: Cognizance transferred, etc.)
NAVMED-1186	Journal of Receipts and Expenditures of Medical Department Property—Supplies Section Expenditures	BUMED...	Stocked at CDS. Used by all ships * and stations having Medical Department representative.
NAVMED-1232	Night Vision Test Radium Plaque Adaptometer	BUMED...	Stocked at CDS. Used by all activities having radium plaque adaptometer facilities.
NAVMED-1273	Report of Improper Shipment	BUMED...	Stocked at the Bureau. Used by medical supply depots and medical supply service of NSD's.
NAVMED-1285	Admission Card	BUMED...	Stocked at the Bureau. Used primarily by naval hospitals.
NAVMED-1286	Staff Locator Card	BUMED...	Stocked at the Bureau. Used primarily by naval hospitals.
NAVMED-1287	Voucher Register — Register No. 1..	BUMED...	Stocked at the Bureau. Used by naval hospitals and naval medical centers.
NAVMED-1291	Recapitulation of Furniture, Furnishings and Equipment Issued...	BUMED...	Stocked at CDS. Used by naval * hospitals and naval medical centers.

* Also used by dental activities.

CHAPTER 8

THE HEALTH RECORD

The health record was officially adopted for use on 1 January 1911. Its introduction into the service for general use was essentially a slow process because of the method of adaptation. This form was put in force gradually as the individual made routine contacts with medical and dental personnel for physical examinations in connection with enlistment and reenlistment. In the case of officer personnel, these physical examinations were made when the officer was accepted for original appointment. Likewise when personnel were admitted to sick bay, or reported for vaccination, appropriate notations were made in their health records. This system undoubtedly relieved medical and dental personnel of the great burden that would otherwise have been experienced in processing all naval and Marine Corps personnel at once, but considerable time elapsed before the health record became of universal usage in the service.

The health record itself has not been altered much in its nearly 40 years of usage. It is a loose-leaf booklet 10 inches long and 4½ inches wide, and is one of the numerous forms classified by the Bureau of Medicine and Surgery as "letter forms." The folder is identified as H–1. Space is provided in the face of the folder for the individual's surname and Christian name or names. The place and date of birth; the rank, changes in rank, and dates thereof for officers; and the service number, the rate, changes in rate and dates thereof for enlisted men, are shown on form H–1. On the inside of the cover, spaces are provided for changes in next of kin, and a chapter of general instructions is quoted from the *Manual of the Medical Department.* The inside pages or sheets are identified as follows:

NavMed–H–2 (Physical Examination)

NavMed–H–3 (Immunization Record)

NavMed–H–3a (Special duty abstract)

NavMed–H–4 (Dental Record)

NavMed–H–5 (Abstract of Service and Abstract of Medical History)

NavMed–H–6 (Venereal Disease Abstract)

NavMed–H–7 (Abstract of Antiluetic Treatment)

NavMed–H–8 (Medical History)

NavMed–H–9 (Aviation Medical Abstract)

For nearly four decades, and during two major wars, this simple and compact medical and dental history "from cradle to the grave" has proved to be of inestimable value. Because of its small size, convenient shape, completeness of useful information on the individual's medical and dental history, and the brevity of its entries, the health record has proved to be one of the most valuable contributions made by medical and dental personnel.

The importance of the health record and the need of absolute accuracy in making entries in it cannot be overemphasized.

A health record is more than a medical and dental history of the patient. It is a permanent document of a legal medical and dental aspect, and the only instrument of rebuttal available to the government in cases involving fraudulent claims for disability attributed to service-con-

35. The name of the place to which a patient is transferred shall always be clearly stated on all medical records.
36. The number of sick days shall be stated under the entry (D, T, IS, R, C, DD) at time of disposition.
37. Trivial conditions not requiring admission to the sick list may be indicated by a "Note."
38. For ordinary cases the following examples indicate the data required:

U. S. S. *Montana*

A — June 10, 1942. Tonsillitis, acute (818). Not due to misconduct: exposure on watch. Mild attack. Routine treatment.

D 2 — June 12, 1942. To duty. Well.

C. D. BROWNE,
Lt. (MC), U. S. Navy.

Approved: C. A. JONES,
Comdr. (MC), U. S. Navy.

Note: — June 19, 1942. Wound, lacerated scalp, coal. Injured while coaling ship. Small wound over left parietal bone cleaned and dressed. No complications. Not incapacitated for duty.

C. D. BROWNE,
Lt. (MC), U. S. Navy.

U. S. S. *Montana*

A — August 29, 1940. Submersion (nonfatal), G (2554). Due to his own misconduct. Patient is not at present able to comprehend the above adverse entry.
1. Within command. 2. Not work. 3. Negligence apparent (own misconduct). 4. Under influence of liquor. While returning from liberty and under the influence of intoxicating liquor, he walked off the end of the dock at the boat landing at about 6:30 a. m. this date. He was rescued by other members of the crew and resuscitated only after prolonged artificial respiration. Condition improved under external heat and stimulation.
August 30, 1940. Much improved. Article 1196, N. R., complied with. Patient submits a statement in substance as follows: ---------- Statement referred by endorsement to the commanding officer, who approved the original entries as to origin. Subject to checkage of pay. (G. O. 20.)

C & ACD 5 — September 8, 1940. Diagnosis changed to bronchitis acute. (817.) Due to own misconduct. Following submersion as described above. Temp. 102° F. Cough, pains in chest, profuse expectoration, moist rales both lungs. Bed. Steam inhalations.

D 5 — September 8, 1940. To duty. Recovery from submersion and bronchitis apparently complete.

C. D. BROWNE,
Lt. (MC), U. S. Navy.

Approved: C. A. JONES,
Comdr. (MC), U. S. Navy.

U. S. S. *Montana*

R A — January 16, 1937. Color blindness. Not due to own misconduct. The condition was discovered upon examination for extension of enlistment. He has completed 4 years' service. Color perception noted as good on original enlistment. He is completely green blind by Stillings test. No other defect of the eyes can be detected. The undersigned is of the opinion that the color blindness existed prior to enlistment although it was not discovered on the original enlistment.

T 10 — January 26, 1937. Transferred to Naval Hospital, Chelsea, Mass., for further observation

R. B. CRAIK,
Lt. (MC), U. S. Navy.

Approved. Attention is called to the fact that medical opinion, as expressed in textbooks of established reputation, considers color blindness as congenital in nature and cannot be acquired except in rare disease conditions of the eyes.

A. R. SMITH,
Comdr. (MC), U. S. Navy,
Senior Medical Officer.

ROSS T. MCINTIRE,
Surgeon General,
U. S. Navy.

U. S. GOVERNMENT PRINTING OFFICE 16—9917-2

OUTSIDE COVER

NAVMED H-1
(1943)

HEALTH RECORD—U. S. NAVY

HATCH
(Surname)

Water "T"
(Christian name(s))

Philadelphia, Penna.	12-1-04
(Place of birth)	(Date)
HMC	9-2-36
(Rank)	(Date appointed)
U. S. S. IDAHO	9-2-36
(Place of enlistment)	(Date)
242-68-34	HMC
(Service number)	(Rating)

CHANGES IN RANK OR RATING	DATE

16—9917-2

Figure 1.—Health Record.

NEXT OF KIN, changed to—

Name Mrs. Mary T. Hatch

Address 3500 "B" Street, S. E.
Washington 19, D. C.

Name Sister: Margaret T. Hatch

Address 3500 "B" Street, S. E.
Washington 19, D. C.

GENERAL INSTRUCTIONS, 1943

Chapter 14, Man. Med. Dept.

1. A Health Record shall be opened (issued) by the Medical Examiner for each person upon original appointment or enlistment in the regular or reserve Navy or Marine Corps. Upon physical examination for promotion, reenlistment, or extension of enlistment a new descriptive sheet shall be completed and placed in the Health Record which shall be retained.

2. **Reenlistment.**—Health Record cover, abstracts and dental records of former enlistments, when not at hand, shall be requested from the Bureau and enclosed with the new descriptive sheet.

3. **General Instructions.**—The Health Record shall be retained by the medical department of the ship, station, or organization to which the individual is attached and the medical officer is responsible for its proper care, continuation, and further disposition.

4. When notified that an officer is ordered to appear before a board involving a physical examination, the medical officer having custody of the health record shall forward it to the president of the board who shall have a note of the findings of the board entered on the medical history sheet and who shall, upon completion of the examination, return it to the medical officer charged with its custody. When an officer is examined for promotion and found physically qualified, the board will prepare a new descriptive sheet and insert it as the top sheet in the Health Record. No part of the Health Record shall be forwarded to the bureau at this time. The old descriptive sheet shall be closed out and retained in the Health Record until completion of the next annual physical examination when it shall be detached and forwarded to the Bureau. When promotion is effected, notation shall be made upon the cover, the abstract, and the medical history sheet to show date and rank of promotion.

5. All officers are required to notify the medical officer of their detachment, promotion, or of orders to appear before a Medical Board for medical survey, promotion, or retirement. (Art. 138 (2), N. R.)

6. If the Health Record is lost or destroyed, a new one shall be immediately opened in full by the first medical officer aware of such loss, who will note the fact in the new record and continue the medical history from that date with such previous data as may be obtainable. If the old record be found, detach all history from the new and attach it to the older record. The Bureau does not issue duplicate health records.

7. Attach no forms or folded papers to this record.

8. In the case of medical survey, etc., enter only a brief note of the Board's findings and recommendations on the history sheet.

9. **Transfer.**—Upon transfer of any person, except a patient, it shall be forwarded in accordance with current instructions to the new destination or to the medical officer where the service record is kept; if unassigned, or ordered to unusual, detached, or uncertain duty, to the Bureau of Medicine and Surgery.

10. If the record is forwarded to the Bureau of Medicine and Surgery, other than for termination of service noted thereon, it shall be accompanied by a letter stating the reason.

11. The Health Record shall accompany a patient when transferred; it shall not be forwarded through official channels but will be given into the hands of a competent person and delivered, with the patient, to the official receiving the patient. When a patient is sent to another ship or station for dental treatment, the dental record will be sent to the dental officer concerned. Upon completion of treatment, the dental officer will make the necessary entries over his own signature and immediately return the dental record to the medical officer having charge of the Health Record.

12. **Physical Examination.**—Shall be typewritten, if possible, and completely filled in as called for by the items noted thereon and in accordance with the requirements of the Manual of the Medical Department.

13. The nature and degree of all physical defects of persons accepted for the naval service must be fully described in order that possible future claims for compensation, pension or other benefits may be more equitably evaluated. Disqualifications requiring a waiver and the action of the Department in such cases shall be especially noted.

16—9917-2

14. **Change of Name.**—This shall be noted on the cover, descriptive sheets, dental record, abstracts, and medical history sheets to correspond with that on the service record.

15. **Termination of Service.**—This shall be noted in the space provided on the Physical Examination Sheet and the closed record immediately forwarded to the Bureau of Medicine and Surgery. (See par. 10.)

16. **Medical Abstract.**—The abstract sheets are continuous, are retained in the Health Record, and with the exception of the dental record, when required, the abstracts shall not be removed from the Health Record.

17. Immediately upon receipt or transfer of a person, as a patient or for duty, make the required entries on Medical Abstract Sheet.

18. Blood group and cowpox vaccination, typhoid prophylaxis and other immunizing procedures shall be noted in the spaces provided. Cowpox vaccination shall be recorded as "Primary reaction," "Accelerated reaction," or "Immune reaction," and signed by medical officer.

19. **Dental Record.**—Dental records, while in the custody of the medical officer, shall be kept as the third sheet in the Health Record.

20. Upon the arrival of an officer or man upon a ship or station, his dental record shall be sent to the dental officer of the ship or station. Upon the completion of dental treatment, the dental officer will make the necessary markings and entries over his own signature on the dental record, and return it immediately to the medical officer having charge of the Health Record. The dental record of a man detached from a ship or station before his dental treatment has been completed shall be replaced in his Health Record before detachment, if time and other circumstances permit, otherwise it should be forwarded direct to the medical officer then having charge of the Health Record.

21. If a man fails to keep an appointment or his ship sails before completion of dental treatment, the dental record shall be sent to the medical officer then having charge of the Health Record.

22. Dental operations and restorations as rendered shall be charted and entered in accordance with instructions.

23. No entries of dental treatments shall be made on the medical history sheets, except those incident to the treatment of a patient while on the sick list. However notes of unusual dental conditions or treatments of medical interest may be entered.

24. As soon as practicable after a new Health Record is opened a new dental record shall be prepared.

25. Consult Manual (chapter 14) for abbreviations to be used on dental record. Markings to be used on the chart will be furnished by the Bureau on request.

26. The dental record shall accompany a patient sent to another ship or station for treatment.

27. Dental officers shall promptly notify the medical officer of any case which may require medical attention.

28. **Medical History.**—As the medical history is continuous, care must be taken to indicate the name of the place and date to which subsequent entries apply. The full name, rank or rating and the date and place of birth of the patient shall be entered on each sheet used. Daily entries are not obligatory, but entries will be made as often as circumstances require, giving concisely the diagnosis, origin, misconduct status, and all essential details regarding symptoms, course, laboratory findings, and treatment. Note all facts relating to origin, and if a conflicting opinion is subsequently expressed by the same or some other medical officer, the reasons for such change shall be fully stated. Continuance of disability or absence of same shall be stated when patient is discharged to duty or from the service.

29. The medical history sheets for officers and nurses are kept in the same manner as for enlisted men, but should be disposed of in the following manner: Upon completion of the annual physical examination all sheets containing medical-history entries shall be removed, attached to annual physical-examination sheets, and forwarded to the Bureau of Medicine and Surgery, care being taken to place the name in full, together with the date and place of birth, on all sheets. If the individual is on the sick list at the time, procedure shall be delayed until the case is closed.

30. In the case of midshipmen, the Health Record is retained intact until termination of service as midshipmen.

31. Medical History sheets will ordinarily be the only part of the Health Record carried with expeditionary forces for keeping medical records; medical history entered thereon shall be inserted in the Health Record at a later date upon return to the base.

32. Should a wrong entry be made on a medical history sheet, it shall not be erased or changed, but an additional entry shall be made showing wherein and to what extent the original entry is in error, then signed by the medical officer.

33. The following abbreviations shall be used on the left margins of the Medical History sheets:

A. Admitted.	C. Diagnosis changed.
RA. Readmitted.	DD. Died.
ACD. Admitted contributory disability.	IS. Invalided from service.
D. Discharged to duty.	R. Ran (deserted).
	T. Transferred.

The above terms shall be used in accordance with instructions in the Manual of the Medical Department (chapter 14).

34. Patients transferred to other than United States naval institutions shall not be discharged from the sick list; they shall be recorded in all respects as though they were attached to the place from which sent, unless the service record of the man is transferred or the individual detached, in which event the case shall be disposed of "T" and the Health Record forwarded as indicated by the instructions received by the patient. (Par. 2213, Man. Med. Dept.)

16—9917-2

nected sickness or injuries. Conversely, the health record may serve the patient as a means to establish a just and lawful claim against the government for compensation that theoretically could be traced to some illness or injury sustained in active naval service. Likewise, the

(Face)

NAVMED H-2 (1943)

PHYSICAL EXAMINATION

To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

HATCH (Surname) 242-68-34 (Number)

Water "T" (Christian name(s))

Enlisted / ~~Appointed~~ / ~~Promoted~~ U. S. S. IDAHO Date 2 Sept. 1936

~~Rank~~ / Rate HMC Previous service 14 years U.S.N. U.S.M.C. U.S.A.

Born: Place Philadelphia, Penna. Date 12-1-04

Nationality White, U. S. Religion Protestant (Denomination)

Next of kin or friend Mother: Mrs. Mary T. Hatch

3500 "B" St., S.E., Washington 19, D. C.

Complexion Fair Hair Lt. Brown General appearance Normal

Head and face Normal

Eyes Blue - Normal (Color, condition of lids, anatomical or other defect)

Vision: Right 20/20, corrected to -/20. Color perception Normal

Left 20/20, corrected to -/20.

Ears: Right Normal Left Normal (Condition of drum, discharge, etc.)

Hearing: Right 15/15. Left 15/15.

Mouth, nose, throat Normal (Condition of septum, tonsils, etc.)

Height 68 in. Weight 150 lb. Temperature 98.

Chest at expiration 34", at inspiration 38"

Skin and glands Normal

Neck (thyroid, trachea, larynx) Normal

Spine and extremities Normal (Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)

Thorax (shape, movement, etc.) Normal

Respiratory system Normal

Heart and blood vessels Normal

Pulse before exercise 70, after exercise 76, after rest 68

Blood pressure: Systolic 138 Diastolic 76

Abdomen and pelvis Normal

Genito-urinary system Normal

Urinalysis: Albumen Negative Sugar Negative

Nervous system Normal (Any evidence of disease, mental defects, etc., reflexes)

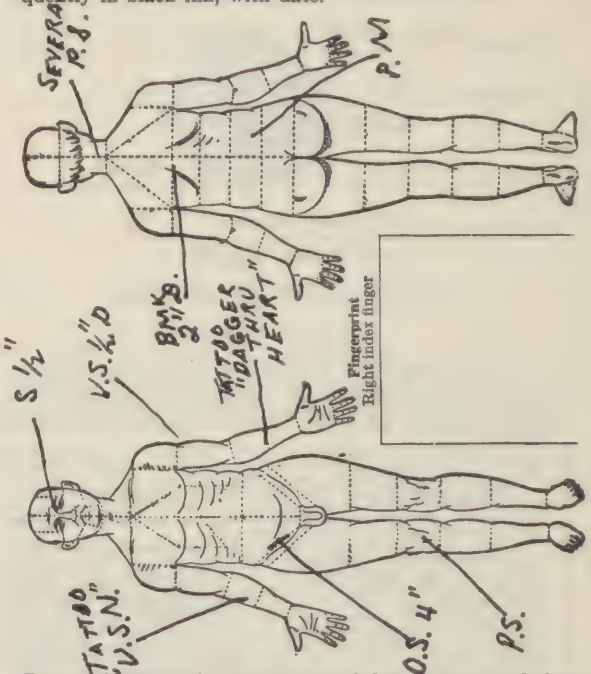
☆ GPO 16—9917-2

* Serological and X-ray examination results recorded here when required.

(Back)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above (Underheight, underweight, defective vision, etc.)

None

Place U. S. S. IDAHO Date 9-2-36

I certify that I have personally made this physical examination.

(Signature) J. W. O. Browne

Lt. Comdr. (MC) USN *Senior Medical Examiner.*

TERMINATION OF HEALTH RECORD

Place

Date

Termination by reason of (Promotion, resignation, expiration of enlistment, physical disability, etc.)

All physical defects, however slight

(Signature)

16—9917 *Senior Medical Examiner.*

Figure 2.—Health Record.

health record can be introduced in court proceedings involving civil, criminal, and probate action in contest of wills and testaments. In the interest of medical and dental jurisprudence, slipshod and haphazard entries should never be tolerated or justified by any expediency.

Diagnosis should be carefully and accurately made and classified in accordance with diagnostic nomenclature. Clinical tests and laboratory reports should be tabulated and noted in the patient's record without error or omission. The compilation of medical and dental history for the health record is solely the responsibility of the medical and dental officer and a duty that cannot be delegated to a subordinate.

The entries in health records are intended to supply for future contingencies a succinct recital of events from which a clear reconstruction of the situation can be formed in the mind of the reader; and they should present a story so plain, so complete, yet without verbosity, that any one can readily understand why a diagnosis was made, why a particular method of treatment was followed or a specific operation was necessary. The entries need not be voluminous but they should be thorough, clearly phrased, and complete. Faithful compliance with current policy and instructions will be of benefit both to the individual and the government.

In the event that an entry made in a health record is subsequently found to be erroneous, it may not be stricken from the record. An additional entry should be made showing wherein and to what extent the original entry is in error. The health record is a public record and an entry in a public record, whether correct or erroneous, thereby becomes a fact which may not be destroyed; but, if there is an error, an additional entry should be made to show the nature of the error to be corrected.

The health record of each individual accompanies him in the naval service through various transfers to and from ships and stations. Upon termination of service the health record is forwarded to the Bureau of Medicine and Surgery where it becomes a part of the bureau's permanent records and is available, under certain conditions, for reference. The Bureau's permanent files of medical records and histories are fairly complete and date back to the early days of wooden ships.

OPENING A HEALTH RECORD

NavMed H–2 (Physical Examination), also referred to as the descriptive sheet, shall be typewritten, if possible. It shall be complete at the time of the physical examination of all information available. In case the place and date of enlistment, appointment, or promotion are not determined at the time of the examination, such information shall be entered as soon as it is determined and a copy of the completed sheet forwarded to the Bureau.

Previous service in the armed forces, and the branch or branches in which service was performed, shall be entered; for example, USA —4 years USMC—8 years, USN—3 $^{2}/_{12}$ years.

All diseases, injuries, and operations sustained by an individual, according to his statement, prior to entering the Navy should be entered with the date of each disability noted; for example, pneumonia—1938, appendectomy —1935. If the space on the page for these entries is insufficient, they shall be made on the first page of the medical history sheet.

Under the place of birth, the entry shall include the city, town, or village and the state; if the individual was born in a foreign country, the name of the country shall be entered.

The color of the hair shall be entered as flaxen, sandy, (yellow-red) auburn (red-brown), brown (light, medium, or dark), black, gray, etc. If the hair is curly or wooly or very thin, or if the person is bald, this also shall be noted.

The complexion, described as accurately as possible, shall be stated as pallid, sallow, fair (only when decidedly clear), ruddy, florid, dark (tawny, sunburned, or tanned), very dark (swarthy or dusky), mulatto, Negro, etc.

Color perception shall be stated as normal only when designated color plates are read correctly. The numbers of the American Optical Company Pseudo-Isochromatic Plates, 1940, incorrectly read shall be listed.

The date and interpretation of the serological

examination of blood and of the roentgenographic examination of the original entry into the service shall be recorded in the last two spaces of this sheet, and upon the medical history sheet.

Entries shall be made of marks and scars on

Form H-3 (1943)

(Face)

IMMUNIZATION RECORD

HATCH
(Surname)

Water (none)
(Christian name(s))

Born Philadelphia, Penna. (Place) 12-1-04 (Date)

COWPOX VACCINATION

Number of prior scars One

Date	Reaction	Signature of Medical Officer (in ink)
9-5-22	Acc.	J. Blow
9-5-26	I. R.	J. P. Moran
9-5-30	Acc.	J. P. Moran
9-5-34	I. R.	J. Blow

Enter result as "Primary," "Accelerated," or "Immune."

TYPHOID AND PARATYPHOID PROPHYLAXIS

Date administered			Signature of Medical Officer (in ink)
First	Second	Third	
9-5-22	9-12-22	9-19-22	J. Blow
9-5-26	9-12-26	9-19-26	J. P. Moran

BOOSTER

Date	Dose	Signature of Medical Officer (in ink)
9-5-30	.1 cc	J. P. Moran
9-9-34	.1 cc	J. Blow

Remarks:

YELLOW FEVER PROPHYLAXIS

Date	Dose	Signature of Medical Officer (in ink)
12-6-32		J. P. Moran

Remarks:

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(Back)

IMMUNIZATION RECORD—(Continued)

TETANUS PROPHYLAXIS

Date	Dose	Signature of Medical Officer (in ink)
11-2-34		J. P. Moran

Remarks:

CHOLERA PROPHYLAXIS

Date	Dose	Signature of Medical Officer (in ink)

Remarks:

TYPHUS PROPHYLAXIS

Date Administered			Signature of Medical Officer (in ink)
First	Second	Third	

BOOSTER

Date	Dose	Signature of Medical Officer (in ink)

Remarks:

OTHER INOCULATIONS (diphtheria, plague, etc.)

Date	Inoculation	Signature of Medical Officer (in ink)

Remarks:

☆ GPO 16—9917-1

Figure 3.—Health Record.

the back of NavMed–H–2. On the outline of the human figure contained in the form, this information should be indicated at points corresponding to the marks on the body of the recruit. This may be readily accomplished by drawing imaginary lines on the body of the recruit like the dotted lines on the record and recording the mark in the proper position on

Form H—3a (1943)

(Face)

SPECIAL DUTY ABSTRACT

REFRACTIONS

Date ..... Place.....

Retinoscopic findings—Homatropine:

Right eye .....

Left eye .....

Cycloplegic acceptance (reads 20/20 with)—

Right eye .....

Left eye .....

.....

(Signature of medical officer)

Date ..... Place.....

Retinoscopic findings—Homatropine:

Right eye .....

Left eye .....

Cycloplegic acceptance (reads 20/20 with)—

Right eye .....

Left eye .....

.....

(Signature of medical officer)

BLOOD GROUP

Date	Group	Signature of Medical Officer (in ink)
12-6-34	"O"	J. P. Moran

KAHN REACTION (on entrance)

Date	Re-action	Signature of Medical Officer (in ink)
12-6-34	Negative	J. P. Moran

Remarks:

GENERAL REMARKS

(Back)

SPECIAL DUTY ABSTRACT (cont.)

ABSTRACT OF PHYSICAL QUALIFICATIONS FOR SPECIAL DUTIES (Aviation, Submarine, Diving, etc.)

Date examined	Nature and Result of Examination (Defects—Waivers)	Signature of Medical Officer

Figure 4.—Health Record.

the record. As the dotted lines mark the boundaries of regions which are used in the systematic arrangement of the records for purpose of identification, it is important that each mark on the record shall be recorded in its proper position. At least five marks should be shown. The

NAVMED H-4
(1943)

DENTAL RECORD
(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

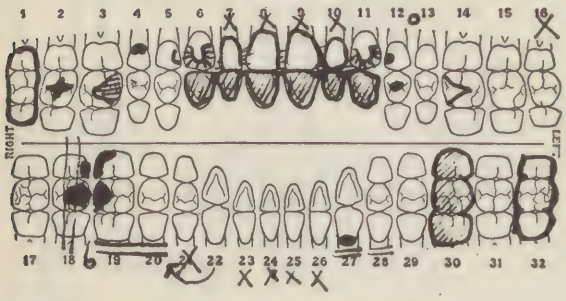
HATCH (Surname) Water "T" (Christian name(s)) 242-68-34

Born: Place Philadelphia, Penna. Date 12-1-04

INSTRUCTIONS

See Chapter 14, Section VI, Paragraphs 2311-2319, inclusive, Manual of the Medical Department, U. S. Navy.

RECORD OF FIRST DENTAL EXAMINATION



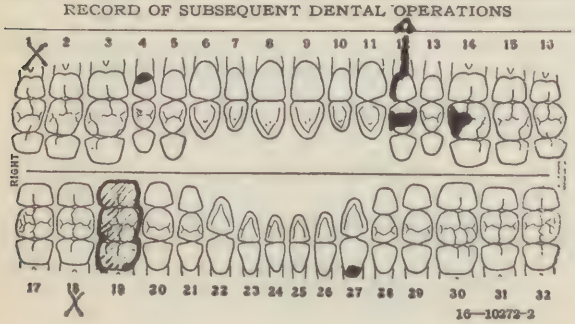
REMARKS:

Tooth #22 Drifted to right. Now in good position adjoining #20. Lower partial denture replacing #'s 23, 24, 25, 26 has extra pontic to fill space vacated by #22.

Tooth #5 ligual version.

A.B.SEA, Lt.(DC) USNR 1-15-49
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



16—10272-2

DENTAL TREATMENT

Entries to cover entire period of service

Operation or treatment	Date	Signature
#1 Ex. A.R	1-3-49	A.B. Sea
#4 E. Am.	1-6-49	A.B. Sea
#12 MOD. Am.		
R.C.F (1) Ap.	1-16-49	A.B. Sea
#14 MO. Am.	1-24-49	A.B. Sea
#18 Ex. A.R	2-1-49	A.B. Sea
#19 Cr. (Gold)	2-24-49	A.B. Sea
#27 E. Am.	2-27-49	A.B. Sea

16—10272

Figure 5.—Health Record.

form shall be dated and signed by the medical department representative making the entry. Entries shall also be made describing prominent physical characteristics, not inconsistent with bodily vigor or not in such degree to constitute cause for rejection; for example, leanness or the reverse; hirsuteness; slight asymmetry of body limb; knock-knees or bow legs; flat feet or low arches; peculiarities of the teeth, or genitalia; slight varicocele; relaxed inguinal rings, etc.

NavMed-H-3 (Immunization Record).—All immunization or vaccination shall be recorded on this record by the medical officer or by another representative of the Medical Department when no medical officer is available.

The reaction to cowpox vaccination shall be recorded as "Failure," "Primary," "Accelerated," or "Immunity."

When a severe reaction to any immunization procedure is produced the fact shall be noted on this page.

NavMed-H-3a (Special Duty Abstract).—The result of physical examination for special duties other than aviation, such as submarine service, diving service, etc., together with any relevant disqualifying defects or waivers, shall be entered on this sheet. The findings as a result of refractions of the eyes shall be entered by the medical officer in the space provided. Prescriptions for spectacles issued by other than naval sources shall also be recorded. All entries shall appear over the signature of the medical officer, and shall be noted on the medical history sheet. When no special duty abstract is available, entries relative to refractions of the eyes shall be made on the medical history sheet.

The individual's blood group shall be entered in the space indicated using the international classification letters "O," "A," "B," and "AB."

NavMed-H-4 (Dental Record).—The custody and maintenance of the dental record is a function of the dental officer. A full description of the dental record will be found elsewhere in this chapter.

The Abstract of Service (front side of NavMed-H-5) should show a chronological history of the duty stations of the individual. Whenever an individual reports for duty aboard ship or at a station, the medical officer shall record in the first column the name of ship or station. The date of reporting shall be recorded in the second column. Upon transfer of an individual the date of transfer shall be recorded in the third column. In case of a temporary transfer, an entry shall be made only if the health record accompanies the individual to the place of temporary duty.

An entry shall be made by the medical officer on the Abstract of Medical History (reverse side of the NavMed–H–5) each time an individual is taken up on the sick list. The manner of taking up (A, ACD, RA, FT, AD, EC, or FS) shall be recorded in the first column; the diagnosis in the second column; the disposition (D, T, C, DD, RAN, or IS) in the third column; and the number of sick days relative to the specific entry in the fourth column. The symbols used in this connection are described in detail in follow-up chapter under "The Diagnostic Nomenclature."

NavMed-H-6 (Venereal Disease Abstract) shall be prepared and inserted as the next to the last page of the health record for each person upon each admission (A, ACD, AD, and EC) to the sick list for venereal disease. For each patient taken up as RA (Readmission) for venereal disease, appropriate entries shall be made on the NavMed–H–6 prepared for the original diagnosis upon which the RA is based. NavMed–H–6 shall not be placed in the health record of an individual for whom a diagnosis of a venereal disease has not been made. All entries on NavMed–H–6 are intended for the information of medical officers under whose treatment the case may come. To this end care must be used to insure accuracy and completeness. Each medical officer subsequently taking up the case shall be responsible for the continuance of the abstract. When a NavMed–H–6 is inserted in a health record, an entry with the diagnosis and date of admission shall be made on the medical history sheet; no other entries concerning venereal disease shall be made on the medical history page.

NavMed-H-7 (Abstract of Antiluetic Treatment) shall be prepared and inserted as the

last page of the health record for each person for whom a diagnosis of syphilis or any of its complications or sequelae have been made. Entries shall be made for each course of treatment given and each laboratory examination made. The medical officer shall carefully and fully explain to the patient the nature of the infection and the necessity for treatment and

(Face)

Form H-5
(1940)

ABSTRACT OF SERVICE

HATCH
Water (Surname) "T"
(Christian name(s))
Born Philadelphia, Penna. 12-1-04
(Place) (Date)

Navy Recruiting Station Philadelphia, Penna.	9-2-22	9-2-22
Naval Training Station Hampton Roads, Va.	9-3-22	3-4-23
Hospital Corps School Portsmouth, Va.	3-4-23	5-2-23
U. S. Naval Hospital Washington, D. C.	5-3-23	9-1-26
Receiving Ship Washington, D. C.	9-2-26	9-28-26
U. S. S. IDAHO	10-1-26	9-1-30
U. S. S. IDAHO	9-2-30	9-3-30
U. S. Naval Hospital Philadelphia, Penna.	9-10-30	10-1-33
U. S. S. RALEIGH	10-2-33	9-1-34
U. S. Naval Hospital Portsmouth, Va.	9-2-34	9-1-36
U. S. S. IDAHO	9-2-36	

16—9917

(Back)

ABSTRACT OF MEDICAL HISTORY

A. or R. A. date	Diagnosis	Disposition date	Sick days

—9917

Figure 6.—Health Record.

prolonged observation, including several tests, for assurance of cure. After so informing the patient, the medical officer shall sign the statement on the reverse side of NavMed–H–7.

NavMed-H-8 (Medical History Sheet) shall be typewritten when practicable and shall be

(Face)

VENEREAL DISEASE ABSTRACT

NAVMED—H-6 (REV. 7-45)

NAME (Surname)	FILE OR SERVICE No.
HATCH	242-68-34
(Christian Name(s))	
Water "T"	
BIRTHPLACE	BIRTH DATE
Philadelphia, Penna.	12-1-04
DIAGNOSIS (Disease)	NAVY DIAG. No.
Gonococcus Inf., Urethra	1205

LABORATORY EVIDENCE (*as indicated*)

		TEST (Name)	REACTION	DATE
SEROLOGY	BLOOD			
	SP. FL.			
DARKFIELD		☐ Pos.	☐ Neg.	
SMEAR		☒ Pos.	☐ Neg.	10-10-30
CULTURE		☐ Pos.	☐ Neg.	
FREI TEST		☐ Pos.	☐ Neg.	

CLINICAL DATA

(MC) USN

(*Signature of Medical Officer making diagnosis*)

16—45708-1

(Back)

TREATMENT SUMMARY*

(*Drug, dosage, route of administration, reaction, etc.*)

CRITERIA OF CURE

DISPOSITION

VENEREAL DISEASE ABSTRACT (Back) NAVMED-6 (REV. 7-45)

**Exclusive of syphilis.* 16—45708-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

Figure 7.—Health Record.

signed by the medical officer or the dental officer having cognizance over the case.

The medical history shall be continuous. Care shall be taken to number each page consecutively and to enter the full name, rank or rate, file or service number, date and place of birth, and ship or station, on each sheet.

Entries shall be made on NavMed–H–8 when an individual is admitted to the sick list and to the binnacle list.

Daily entries are not required in such cases, but entries should be made as often as necessary (at least one a week), giving concisely all essential details concerning the diagnosis, origin, symptoms, course, and treatment. All facts concerning the origin of the disease shall be noted, and, if a conflicting opinion is expressed subsequently by the same or another medical or dental officer, the reason for such change shall be fully stated.

Injuries and poisoning entries.—In view of the preventable nature of injuries and poisonings, especial attention is given them. Rules for reporting data are given so that the data can be received, compiled, and analyzed for preventive purposes in the statistical branch of the Bureau. In order to obtain constructive information for prevention, and not as a basis for disciplinary action, the following points are established for case of injuries (and poisonings).

Nature of injury (or poisoning) as shown by the diagnostic title (e.g., *fracture, simple femur).*

Status of person injured or poisoned (within command, liberty, etc.). If within command:

Whether the person was actually at work.

Whether due to material or personnel factors, if either.

If not within command:

Whether the person was intoxicated.

Whether the result of the person's own misconduct.

When a medical or dental officer considers a disability to be due to own misconduct, it is of the utmost importance that he make a clear statement in the health record, with all pertinent facts of the evidence in the case. Such evidence shall include statements by the patients or others, previous medical or dental history, clinical findings, and modern knowledge as to etiology. Verbal statements shall be recorded together with the full name and grade or rate of the person making them. If there is evidence that the disease or injury existed prior to enlistment, this fact, and whether the evidence is presumptive or documentary, shall be stated and opinion expressed whether or not the disability has been increased by service. Too much emphasis cannot be laid upon the fact that all possible available information pertinent to the question of how and when the disability complained of arose should be noted and considered. The foregoing applies to all facts, including those which are peculiar to the science of medicine dentistry, and surgery, i.e., facts pertaining to the nature of the disability, its probable duration, and the condition affecting its recurrence, as in a case of epilepsy or insanity. No fact, however trivial, should be overlooked, and special endeavor should be made to ascertain all facts which may in any way bear upon the various angles of the disability in question. When an individual is disabled while on leave or in confinement, the circumstances attending the incurrence of the disability and the status of nature (e.g., automobile) and cause (e.g., collision and overturning) of the violence as contrasted to the nature of the bodily injury.

The general nature of information to be provided in case of poisoning is the same as for injuries. Poisoning by, or reaction from, drugs used in therapy shall be reported as "poisoning, therapeutic." State substance used and disability treated. Example: "Poisoning, therapeutic, acute, neoarsphenamine, syphilis." They shall be taken up as ACD (Admitted Contributory Disability), for the disability treated, if there has been a previous admission for the latter; he shall be taken up as RA (Readmission) under the diagnosis of that complication. This title shall not include Anaphylaxis.

Serum sickness, or dermatitis venenata.—If the clinical manifestation are sufficiently characteristic and important to warrant a definitive diagnosis, the case shall first be taken

up as "poisoning, therapuetic," and the diagnosis, then changed to that of the clinical manifestation as an ACD (Admitted Contributory Disability) of the poisoning.

The entries for each case from admission (A, ACD, RA, FT, AD, EC, FS, OR "—") Disposi-

(Face)

ABSTRACT OF ANTILUETIC TREATMENT

NAVMED-H-7 (REV. 7-45)

FILE OR SERVICE NO. ..... 16—45715-1 GPO

NAME ..... (Surname—Christian name(s)) BIRTH ..... (Date) (Place)

PLACE (Ship or station)	DATE OF EACH COURSE FROM—	DATE OF EACH COURSE TO—	ARSENICALS DRUG	ARSENICALS NO. INJECTIONS	ARSENICALS TOTAL AMT. (GM.)	HEAVY METALS DRUG	HEAVY METALS NO. INJECTIONS	HEAVY METALS TOTAL AMT. (GM.)	OTHER TREATMENT DRUG-AGENT	OTHER TREATMENT ROUTE I. V., I. M., ETC.	OTHER TREATMENT TOTAL DOSAGE UNITS	OTHER TREATMENT TOTAL DOSAGE MG.	SIGNATURE OF EACH MEDICAL OFFICER TREATING CASE

REACTIONS (State date, type and severity, and sign each entry) .....

(Back)

SEROLOGICAL EXAMINATIONS

TYPE	TEST (Name)	RE-ACTION	DATE	LABORATORY WHERE MADE
BLOOD				
SP. FL.				
BLOOD				
SP. FL.				
BLOOD				
SP. FL.				
BLOOD				
SP. FL.				
BLOOD				
SP. FL.				
BLOOD				
SP. FL.				
BLOOD				
SP. FL.				
BLOOD				
SP. FL.				
BLOOD				
SP. FL.				
BLOOD				
SP. FL.				
BLOOD				
SP. FL.				

STATEMENTS

The nature of syphilis has been explained to the patient. He has been informed that treatment and prolonged observation, including several tests, are required for assurance of a cure.

(Date) (Signature of medical officer)

ABSTRACT OF ANTILUETIC TREATMENT (Back) 16—45715-1

NAVMED-H-7 (REV. 7-45)

Figure 8.—Health Record.

tion (D, T, C, DD, RAN, IS, OR "—") shall be complete with regard to place, dates, number of sick days, diagnosis of all disabilities for which treated, and signature of the medical or dental officer. The record need not be voluminous, but it shall be thorough, concise, clearly phrased, and complete in each case.

(Face)

NAVMED H-8 (Rev. 5-45) PAGE NO. 1

MEDICAL HISTORY

SURNAME: HATCH

CHRISTIAN NAME(S): Water "T"

RANK OR RATE: HMC | FILE OR SERVICE No.: 242-68-34

BIRTHPLACE: Philadelphia, Penna. | BIRTH DATE: 12-1-04

STATE NAME OF PLACE—DATE EACH NEW ENTRY

(Back)

(CONTINUED) PAGE NO. 2

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

☆ GPO 16—44869-1

16—44869-1

Figure 9.—Health Record.

Upon admission of a naval or Marine Corps patient to the sick list, the medical or dental officer is required to enter on NavMed-H-8 whether the disease or injury was or was not suffered in the line of duty and was or was not due to the patient's own misconduct. Reference should always be made to current directives and the *Manual of the Medical Department.*

When a person is admitted to the sick list for a complication or sequela of a primary disability, which is not present at the time of admission, it is taken up as A (new admission) if the patient has not been previously taken up with this primary diagnosis.

When a person has been on the binnacle list pursuant to treatment for a condition not requiring admission to the sick list, a notation should be made on NavMed–H–8 showing the date, diagnosis, if established (or if not a brief description of the presenting symptoms), duration and type of treatment, and the notation should be signed by the medical officer.

Entries shall be made on NavMed–H–8 each time an officer is given a physical examination, including findings and recommendations of a board for promotion or retirement, examination for special duty (aviation, submarine, etc.), and defects noted during the annual physical examination.

All examinations given members of the Naval Reserve, both officer and enlisted personnel, shall be entered, including examinations when reporting for, or being released from, active duty.

Entries shall be made each time an enlisted person is given a physical examination, including the preliminary examination for warrant, for appointment to the Naval Academy or the Preparatory School, for discharge, reenlistment, extension of enlistment, transfer, change of rating, or for special duties (aviation, diving, submarine service, etc.). Such examination shall be noted in the health record.

The opening, or issuance, of a health record for each person in the naval service is directed by *Navy Regulations.* Accordingly, for every person entering the naval service through appointment, enlistment, or reenlistment a health record is prepared. In cases of extension of enlistment the current health record is continued, a physical examination being conducted on the day of expiration of current enlistment or immediately prior thereto. The findings are entered on a new physical examination sheet inserted in the health record in place of the previous one which is closed out by reason of extension of enlistment and forwarded to the Bureau.

A medical and dental officer shall conduct the physical examination and sign the original entry on any medical or dental record of enlistment. The medical officer enters the descriptive list upon the service record of both Navy and Marine Corps personnel. At the time the medical officer makes the necessary entries upon the blank pages of the health record.

Health records for officers, midshipmen, or nurses appointed from civil life are opened by either the president of the board of medical examiners, a member designated by him, or by the medical examiner. New health records are not opened for enlisted men appointed midshipmen or warrant officers, or warrant or commissioned warrant officers appointed to commissioned rank. Instead, new physical examination sheets are prepared and inserted as the top sheet in the current health record. The former physical examination sheet is to be closed out by making the necessary entries on the reverse under "Termination of Health Record."

Whenever a health record is received the medical officer shall examine it carefully, correct all errors, supply any omissions and, if necessary, communicate with the medical officer of the previous ship or station for additional data. All such corrections shall be made in red ink, dated, and signed by the officer making the entry. It is required by the *Manual of the Medical Department* that medical officers having custody of health records keep a record of the receipt and disposition of such records, which record shall be retained as a part of the permanent files of a ship or hospital.

The health records of all personnel of a ship or station should be checked at definite intervals of time, at least quarterly, to determine if any are missing. In case of loss or destruction of a health record, the *Manual* directs that the

medical officer shall at once notify the Bureau, giving the name in full, the grade or rate, and the date and place of birth of the individual whose health record is missing. A complete new health record shall then be opened as the bureau does not issue duplicate health records.

AVIATION MEDICAL ABSTRACT

NAVMED H-9 (5-45)

This Abstract will be retained in the Health Record

NAME (*Surname*)	FILE OR SERVICE NO.
(*Christian Name(s)*)	
BIRTHPLACE	BIRTH DATE

ALTITUDE TRAINING

DATE	STATION	SIGNATURE OF MEDICAL OFFICER (*in ink*)
1.		
REMARKS		
2.		
REMARKS		
3.		
REMARKS		

NIGHT VISION TRAINING

TWO DIMEN.	THREE DIMEN.	DATE COMPLETED	STATION	SIGNATURE OF MEDICAL OFFICER (*in ink*)

SUSPENSION FROM FLYING

DATE	MEDICAL REASON	SIGNATURE OF MEDICAL OFFICER (*in ink*)
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		

16—44669-1

SUMMARY OF PHYSICAL EXAMINATIONS FOR FLYING

16—44669-1 BPO

DATE	PLACE	PURPOSE	RESULT—RECOMMENDATION (*Defects—Waivers*)	BUMED ACTION	SIGNATURE OF MEDICAL OFFICER

Figure 10.—Health Record.

Should a missing health record be recovered, any information or entries in the new record shall be inserted in the old record.

Health records may be inspected at any time by the commanding officer and the fleet surgeon. Health records are to be considered confidential and are not subject to review by anybody other than those authorized by *Navy Regulations* and the *Manual of the Medical Department.*

The *termination* of the health record of a person in the naval service is necessary whenever that person's naval service ceases. Naval service may end because of retirement, resignation, death, desertion, expiration of appointment or enlistment, discharge, and the graduation of midshipmen without commission as ensign. In such instances the health record is closed out in accordance with the *Manual.*

When an officer is promoted, a midshipman commissioned an ensign, or an enlisted man appointed an officer or a midshipman, only the *physical examination sheet* in the health record is terminated.

Specific instructions for the termination of health records are contained in the *Manual of the Medical Department.*

The disposition to be made of health records is a matter concerning which one must be guided by the directions contained in *Navy Regulations* and the instructions contained in the *Manual.*

In order that the proper disposition may be made of the health records of officers, in certain instances *Navy Regulations* requires that every officer shall inform the medical officer in whose custody his health record may be of his detachment, promotion, or of orders to appear before a medical board for medical survey, or to be examined before promotion or retirement.

Upon termination of service without immediate reentrance the health record in its entirety is closed and forwarded to the Bureau.

Entries on medical history sheets.—In *Navy Regulations* are numerous directives relative to the entries made in health records, which entries usually are made on these sheets. The most pertinent are quoted herewith:

(Face)

NAVMED H-8 (Rev. 5-45) PAGE NO. .....

MEDICAL HISTORY

SURNAME: DOE

CHRISTIAN NAME(S): John (none)

RANK OR RATE: Sn, USN | FILE OR SERVICE No.: 617-71-40

BIRTHPLACE: Dallas, Texas | BIRTH DATE: 6 Oct. 1920

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS
12 May, 1943
Examined this date and found physically qualified for BAD CONDUCT DISCHARGE in accordance with (quote authority)

Signature .....
Medical Officer

16—44269-1

Figure 11.—Health Record, typical medical history entries.

The medical officer who makes any entry in an officer's health record of a serious illness, operation, injury, or physical defect which may adversely affect his efficiency in the performance of duty in other than a temporary degree shall inform that officer of the entry and shall allow that officer access to the health record for the purpose of making a copy of the entry. In cases where the medical officer deems it advisable

(Face)

NAVMED H-4
(1943)

DENTAL RECORD
(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

DOE
(Surname)

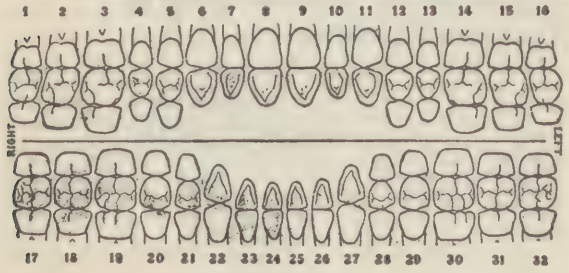
John (none)
(Christian name(s))

Born: Place Dallas, Texas Date 6 Oct. 1920

INSTRUCTIONS

See Chapter 14, Section VI, Paragraphs 2311–2319, inclusive, Manual of the Medical Department, U. S. Navy.

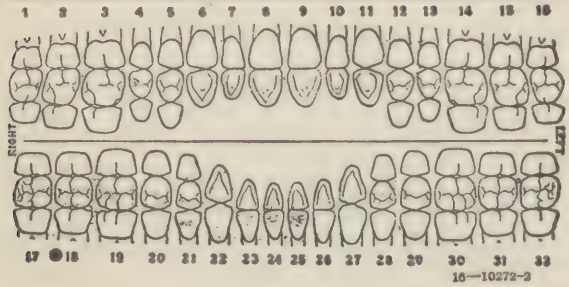
RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



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(Back)

DENTAL TREATMENT

Entries to cover entire period of service

Operation or treatment	Date	Signature
		ABSTRACT OF TREATMENT BY REASON OF BAD CONDUCT DISCHARGE

16—10272

Figure 12.—Health Record, typical medical entries.

that the officer shall not see the entries in health record, the commanding officer shall be advised.

When any personnel is transferred from one ship or station to another a careful physical examination shall be made by the medical officer, who will make the requisite entries on the health record. When a patient is transferred from a ship to any other than a U. S. naval hospital, the date of transfer shall be noted in his health record and the case continued in the health record until the patient returns to duty or until the

(Face)

NAVMED H-2
(1943)

PHYSICAL EXAMINATION

To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

DOE (Surname) 617-71-40 (Number)

John (none) (Christian name(s))

Enlisted / Appointed / Promoted / Rank / Rate ..... Date .....

Previous service ..... U.S.N. U.S.M.C. U.S.A.

Born: Place ..... Date .....

Nationality ..... Religion ..... (Denomination)

Next of kin or friend .....

.....

SEE BACK

Complexion ..... Hair ..... General appearance .....

Head and face .....

Eyes ..... (Color, condition of lids, anatomical or other defect)

Vision: Right ...../20, corrected to ...../20. Color perception .....

Left ...../20, corrected to ...../20.

Ears: Right ..... Left ..... (Condition of drum, discharge, etc.)

Hearing: Right ...../15. Left ...../15.

Mouth, nose, throat ..... (Condition of septum, tonsils, etc.)

Height ..... Weight ..... Temperature .....

Chest at expiration ....., at inspiration .....

Skin and glands .....

Neck (thyroid, trachea, larynx) .....

Spine and extremities ..... (Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)

Thorax (shape, movement, etc.) .....

Respiratory system .....

Heart and blood vessels .....

Pulse before exercise ....., after exercise ....., after rest .....

Blood pressure: Systolic ..... Diastolic .....

Abdomen and pelvis .....

Genito-urinary system .....

Urinalysis: Albumen ..... Sugar .....

Nervous system ..... (Any evidence of disease, mental defects, etc., reflexes)

.....

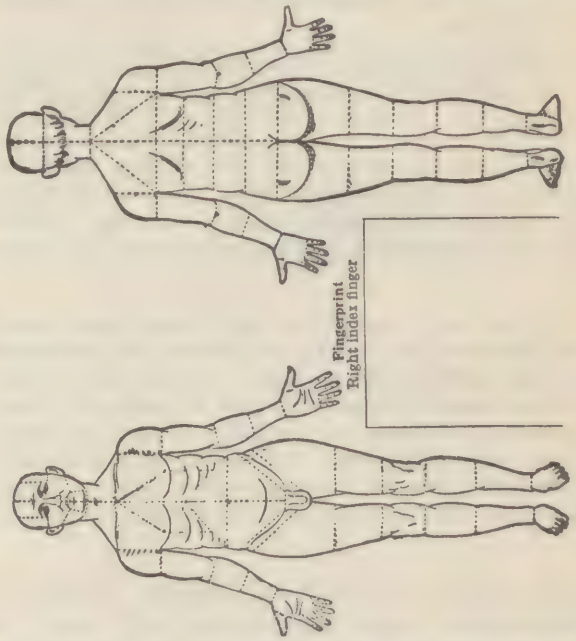
.....

☆ GPO 16—9917-2

(Back)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above
(Underheight, underweight, defective vision, etc.)

.....

.....

.....

Place ..... Date .....

I certify that I have personally made this physical examination.

(Signature) .....
Senior Medical Examiner.

TERMINATION OF HEALTH RECORD

Place USNAAS, Kingsville, Texas

Date 12 May 1943

Termination by reason of BAD CONDUCT DISCHARGE
(Promotion, resignation, expiration of enlistment, physical disability, etc.)
In accordance with (quote Article Number) BuPers Manual.

All physical defects, however slight NONE

.....

.....

(Signature) R.J.TROUT, Comdr., (MC), U.S.N.
16—9917 *Senior Medical Examiner.*

Figure 13.—Health Record, typical medical entries.

ship leaves port. When a patient is left for treatment in a foreign country, his health record is forwarded to the U. S. consul nearest to the port where the patient is hospitalized with instructions to have it accompany the patient, if subsequently sent to the United States, or forward to the commanding officer of the next naval vessel arriving in port. The medical officer of any naval vessel visiting a foreign country is required to take charge of all such cases and continue their health records. Every effort should be made to obtain a record of treatment received by any such patient while under the jurisdiction of the U. S. consul in order that the medical history of the case may be continuous.

Any entry other than the original may be signed by a responsible representative of the medical department.

When patients are received aboard ship for transportation to the United States, the medical officer will continue their health records as from transfer (FT), and account for them same as the sick of the ship.

Medical officers making an entry in a health record that indicates the use by any officer of intoxicants or drugs that tend to disqualify him physically, mentally, or morally for service, shall immediately submit a written statement of the fact, quoting the entry, to the commanding officer of the ship, the commandant of the naval shipyard or naval station or division commander in chief (through official channels), as the case may be.

The entries on medical history should be typewritten when practicable, but must be signed by the medical or dental officer by whom or for whom they are made. The names of medical or dental officers making entries shall be typed or printed beneath their signatures.

An entry shall be made on the medical history sheets whenever an individual is placed on the sick list or, as a *note*, when he applies for treatment for any minor ailment not requiring admission to the sick list but which may possibly be made the basis of a future claim for pension.

Medical history should be continuous; care shall be taken to number each medical history sheet consecutively and to enter the name in full. Include the grade or rate, and the place of duty.

The entries for each case placed on the sick list, from admission to disposition, shall be complete in regard to place, dates, number of sick days, signature of medical officer, and ap-

NAVMED H-5
(1943)

ABSTRACT OF SERVICE

DOE
(Surname)

John (none)
(Christian name(s))

Born Dallas, Texas 10-6-22
(Place) (Date)

ABSTRACT TERMINATED BY REASON OF BAD CONDUCT DISCHARGE

16—9917-1

Figure 14.—Health Record, typical medical entries.

proved (when entries are not made by the senior medical officer). Daily entries concerning cases placed on the sick list are not required but entries will be made as may be indicated, but at least once each week. The entries made shall give concisely all essential details concerning diagnosis, origin, symptoms, course, and treatment. All facts concerning

FACE

NAVMED H-8 (Rev. 5-45) PAGE NO. .....

MEDICAL HISTORY

SURNAME: ALEKEL

CHRISTIAN NAME(S): Elizabeth (none)

RANK OR RATE	FILE OR SERVICE No.
A. M. 3c USNR V-10	000-00-00

BIRTHPLACE	BIRTH DATE
Boston, Mass.	8-2-19

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS

N: 5-26-44: From a physical examination conducted by the undersigned on 26 May, 1944, subject named
O: wave was found to have uterus enlarged to the size of a twenty-six to twenty-eight weeks pregnancy,
T: which is in keeping with no menstruation since December 10, 1943. It is my opinion that this
E: individual is pregnant and is physically qualified for a discharge from the service.

(Signature)_____
H. R. KOOSER
Lt.Comdr. MC-V (S), USNR

APPROVED: (Sr. Med. Appr.)_____
R. E. BRATTON
Lt. Comdr. MC-V (S), USNR

5-26-44: I have read the above opinion of the Medical Officer in my case and have every reason to believe that I am pregnant.

(Signature)_____(Patient)_____
Elizabeth (none) Alekel
A. M. 3c USNR V-10

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BACK

(CONTINUED) PAGE NO. .....

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS

5-26-44: Examined this date and found physically qualified for GOOD CONDUCT DISCHARGE in accordance with (quote authority).

(Signature)_____
J. H. KOOSER
Lt.Comdr.MC-V(S),USNR

☆ GPO 16—44869-1

Figure 15.—Health Record, typical medical history entries.

the origin of the disease or injury shall be noted. The data concerning the circumstances of occurrence of injuries and poisonings shall be entered after the diagnosis. When a patient is discharged to duty, to leave, to sick leave, or from the service, or is transferred, the con-

(Face)

NAVMED H-8 (Rev. 5-45) PAGE NO. .....

MEDICAL HISTORY

SURNAME: DOE

CHRISTIAN NAME(S): John (none)

RANK OR RATE: Sn, USN | FILE OR SERVICE No.: 617-71-40

BIRTHPLACE: Dallas, Texas | BIRTH DATE: 6 Oct. 1920

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS

A: 6-8-43: INJURIES, MULTIPLE, EXTREME. No. 2543.
Key letter "I" Specialty letter "R"
Origin: Not Misconduct.
(1) Within command.
(2) Work.
(3) Negligence not apparent.
(4) Return from a scheduled bomber escort training flight, plane involved in mid-air collision and crashed. While returning from a regularly scheduled bomber escort training flight, the plane piloted by Ensign John (none) DOE was involved in a mid-air collision. Ensign John DOE crashed to the ground with the plane. Death of Ensign DOE was apparently instantaneous. Remains were transferred to the U. S. Naval Hospital, Corpus Christi, Texas.
Examination of the remains revealed following injuries:
1. Fracture, Compound of the skull.
2. Fracture, Simple, left humerus.
3. Lacerations, Multiple, Head & Abdomen.
The cause of death was so apparent that an autopsy was not necessary.
Identification was accomplished by:
.....
1. Comparison of marks and scars with those recorded in Health Record

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(CONTINUED) PAGE NO. .....

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

2. Comparison of teeth by dental chart.
3. Flight schedule and plane.
DD 6-8-43: Remains transferred to U. S. Naval Hospital, Corpus Christi, Texas for final disposition.
(Signature) M.O.
F. G. JOHNSON
Lt. (MC) U.S.N.
APPR: (Senior Medical Officer)
J. GOLDFEDER
Lt. Comdr. MC-V(S) USNR.

☆ GPO 16—44869-1

Figure 16.—Health Record, typical medical history entries.

tinuance or absence of disability will be stated.

An entry must be made in the health record regarding all infections of a venereal nature and shall be a regular admission to the sick list even though the patient may not be incapacitated for the performance of duty and the entry therefore is only for record. When admitting a patient to the sick list with a diagnosis of syphilis, medical officers shall assure themselves that there are other signs and symptoms of the disease than a positive serum test. The policy of the Bureau is to not approve a diagnosis of syphilis solely on a positive serum test unless such test is repeatedly confirmed. To cover cases of syphilis without history, symptoms, or signs other than repeated and confirmed serological tests (blood), the bureau directs the use of the diagnostic title "syphilis, seropositive only," and to cover cases of neurosyphilis without neurological symptoms or signs other than laboratory findings, the Bureau directs the use of the diagnostic title "neurosyphilis, serological."

Should an enlisted man undergoing treatment at a naval hospital be held in the custody of the civil authorities, and it is ascertained that he will be so held for a period in excess of 2 weeks, current medical history will close as by discharge to duty after making appropriate entry as to the reason therefor.

For each person who contracts syphilis or any of its complications or sequelae, a syphilitic abstract (form H–6) shall be filled out and inserted in the health record following the abstract of service sheet. This abstract sheet does not replace any part of the health record or medical history, but is in addition thereto, and it shall not be placed in the health records of persons for whom the diagnosis of syphilis has not been made.

Entries on the syphilitic abstracts are intended for the information of the medical officers under whose care the case may come and this data shall also be entered in full on the medical history sheets. In making the entries on this abstract sheet care must be used to insure accuracy and completeness, and each medical officer under whom the case may come shall be responsible for continuance of the abstract.

The Abstract of Antiluetic Treatment (form H–7) is inserted in the health record immediately following the syphilitic abstract. On it are recorded the place, the inclusive dates of each course of treatment with the name of the drug, the number of injections, the total amount, the date, type, and degree of any treatment reactions. Each medical officer treating the case signs the entries for the treatment given.

Venereal disease shall not be considered to have been incurred through misconduct, unless the individual involved fails to comply with Navy regulations requiring him to report and receive treatment for such disease.

In all cases of venereal infection, the medical officer shall obtain a complete record of all available pertinent information noting particularly dates of exposure, location and date of appearance of initial symptoms, and, for the purpose of identifying recurrences, dates of previous infections, and presence of any complications. In cases of venereal disease which are found to be due to misconduct an entry shall be made on the health record in accordance with Articles 0971 and 1703, *Navy Regulations*. No checkage of pay will be made.

A question one may naturally ask is: "What is misconduct?" Misconduct is defined as "a violation of law or regulation; in short, an act for which the person could have been court-martialed." Simple negligence or carelessness is not misconduct, but conduct which involves gross negligence or reckless disregard for the life or personal safety of oneself or others is properly classifiable as misconduct. A disease or injury which is directly attributable to and immediately follows an individual's intemperate use of alcohol or drugs shall be considered to be due to his own misconduct unless such indulgence is considered by the medical authorities to be a symptomatic expression of preexisting disease or mental disorder and is so diagnosed. The continuance of a disability resulting from an individual's unreasonable refusal to submit to indicated medical, dental, surgical, or diagnostic procedure should be considered as owing to his own misconduct. Other diseases, injuries, and disabilities shall be held to have resulted from misconduct when caused by an act of commission or omission

wrong itself, or as a result of gross negligence, gross carelessness, or intentional self-infliction or production of wounds or disability in the absence of insanity.

As disability occurring in the service is usually made the basis of a claim for pension, special care shall always be taken to state in the health record the degree of disability,

(Face)

NAVMED H-4
(1943)

DENTAL RECORD
(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

DOE
(Surname)

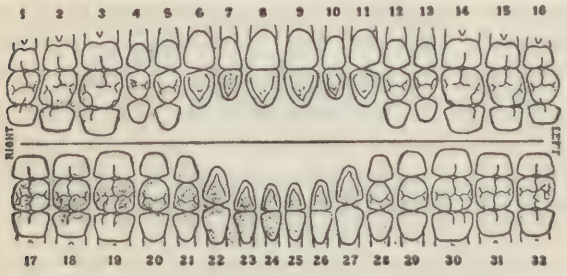
John (none)
(Christian name(s))

Born: Place Dallas, Texas Date 6 Oct. 1920

INSTRUCTIONS

See Chapter 14, Section VI, Paragraphs 2311–2319, inclusive, Manual of the Medical Department, U. S. Navy.

RECORD OF FIRST DENTAL EXAMINATION

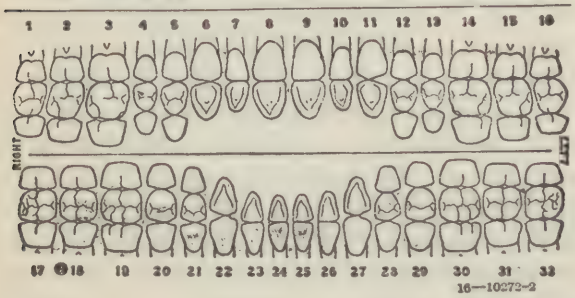


REMARKS:

(SEE BACK)

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



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DENTAL TREATMENT

Entries to cover entire period of service

Operation or treatment	Date	Signature
TERMINATED BY REASON OF DD		

16—10272

Figure 17.—Health Record, typical medical entries.

wound, or disease, the extent to which it deprives the patient of the use of any limb or faculty or affects his health, strength, activity, or capacity to work. This statement should be entered whether or not the disability is incurred through misconduct. If the patient de-

(Face)

NAVMED H-2
(1943)

PHYSICAL EXAMINATION

To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

_____ (Surname) _____ (Number)

_____ (Christian name(s))

Enlisted / Appointed / Promoted / Rank / Rate _____ Date _____

Previous service _____
U.S.N. U.S.M.C. U.S.A.

Born: Place _____ Date _____

Nationality _____ Religion _____ (Denomination)

Next of kin or friend _____

_____

Complexion _____ Hair _____ General appearance _____

Head and face _____

Eyes _____
(Color, condition of lids, anatomical or other defect)

Vision: Right _____/20, corrected to _____/20. Color perception _____

Left _____/20, corrected to _____/20.

Ears: Right _____ Left _____
(Condition of drum, discharge, etc.)

Hearing: Right _____/15. Left _____/15.

Mouth, nose, throat _____
(Condition of septum, tonsils, etc.)

Height _____ Weight _____ Temperature _____

Chest at expiration _____, at inspiration _____

Skin and glands _____

Neck (thyroid, trachea, larynx) _____

Spine and extremities _____
(Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)

Thorax (shape, movement, etc.) _____

Respiratory system _____

Heart and blood vessels _____

Pulse before exercise _____, after exercise _____, after rest _____

Blood pressure: Systolic _____ Diastolic _____

Abdomen and pelvis _____

Genito-urinary system _____

Urinalysis: Albumen _____ Sugar _____

Nervous system _____
(Any evidence of disease, mental defects, etc., reflexes)

_____

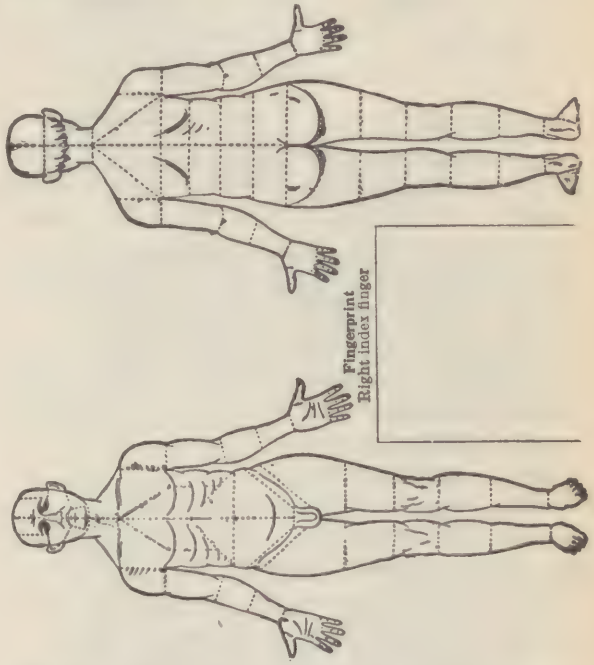
_____

☆ GPO 16—9917-2

(Back)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above
(Underheight, underweight, defective vision, etc.)

_____

_____

_____

Place _____ Date _____

I certify that I have personally made this physical examination.

(Signature) _____
Senior Medical Examiner.

TERMINATION OF HEALTH RECORD

Place USNAAS, KINGSVILLE, TEXAS

Date 6-8-43

Termination by reason of DD
(Promotion, resignation, expiration of enlistment, physical disability, etc.)

_____

All physical defects, however slight Examination revealed...

_____

_____

(Signature) F. G. JOHNSON
16—9917 Lt. (MC) USN *Senior Medical Examiner.*

Figure 18.—Health Record, typical medical entries.

(Face)

NAVMED H-8 (Rev. 5-45) PAGE NO. 1

MEDICAL HISTORY

SURNAME: JONES

CHRISTIAN NAME(S): John (none)

RANK OR RATE: SN, USN | FILE OR SERVICE No.: 562-53-34

BIRTHPLACE: Illinois | BIRTH DATE: 11-15-24

STATE NAME OF PLACE—DATE EACH NEW ENTRY

U. S. S. RESERVESHIP (A. D. 100)

A: 7-2-49: DIAGNOSIS UNDETERMINED (FRACTURE, Simple, right maxilla) No. 2518. NEPTE Due to own misconduct. NOT line of duty. Subject to loss of time only. Key Letter "G".
1. Liberty.
2. Intoxicated.
3. Result of own misconduct.
4. Staggered and fell, striking face against doorknob of public restaurant.
The commanding officer and the patient have been notified, as directed by Article 0971, Navy Regulations, that John (none) Jones has been admitted to the sick list with DIAGNOSIS UNDETERMINED (FRACTURE, Simple, right maxilla) #2518, the origin of which is considered to be the result of his own misconduct.

A. B. Sea
Lt.(C) U.S.N.R.

Having been duly informed of the finding that my present disability, DIAGNOSIS UNDETERMINED (FRACTURE, Simple, right maxilla) #2518, is the result of my own misconduct, I do (do not) desire to submit a statement in rebuttal. (Article 1703, Navy Regulations)

John Jones
SN, U.S.Navy

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(CONTINUED) PAGE NO. 2

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

"The following statement is submitted regarding the misconduct findings in my case: Although I had been drinking during the two (2) hours I had been on liberty, I was not intoxicated, nor was my drinking the proximate cause of my injury. As I was leaving the Brass Rail Restaurant, I stepped on a scrap of meat which one of the waitresses had dropped from her tray. This caused me to slip and fall. I reached for the doorknob to break my fall, but another customer was entering at that time and opened the door, causing the doorknob to strike my face as I was falling. The foregoing statements can be verified by James E. STEWART, SN, U.S.N., and William H. HARRISON, SN, U.S.N. Both men are presently attached to this vessel."

John JONES
SN, U.S.N.

c.c. Pain and swelling below right zygoma.

T: 7-2-49: Transferred this date to the U. S. Naval Hospital, Brooklyn, New York, for treatment and disposition.

A. B. Sea
Lt. DC, U.S.N.

APPROVED:

D. E. Eff, CAPT. U.S.Navy, Commanding Officer
John H. Brown, LCDR, MC, USN, Senior Medical Officer

U.S. Naval Hospital, Brooklyn, N. Y.
FT: 7-2-49: DIAGNOSIS UNDETERMINED (FRACTURE, Simple, right maxilla) #2518. DUE to own misconduct. NOT line of duty. Key letter "G". NEPTE

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Figure 19.—Health Record, typical medical history entries.

clines treatment for its relief he shall be required to sign a statement in his health record setting forth the reasons why he so declines, and a signed copy of this statement shall be forwarded to the Bureau.

When the medical or dental officer makes an adverse or a misconduct entry in a person's health record, it shall be the duty of such medical or dental officer to inform the patient when such an entry is made, provided the condition of the patient does not make such action inadvisable. He shall inform the commanding officer at the same time, and make a note of his action on the medical history sheet to comply with Navy regulations.

In the event of the patient's condition being such as to render it impracticable or inadvisable to inform the patient of such adverse entry, this fact shall be noted on the health record, and the patient shall be so informed as soon as circumstances permit, and such action when taken shall be noted on the health record.

In the event of the death of a person in the naval service in which the commanding officer does not approve of the assigned origin of the fatal illness or injury as given in the official report of death, it shall be his duty to endorse thereon his opinion and the reasons therefor, the report being forwarded to the Bureau of Medicine and Surgery for expression of medical opinion and then referred to the Judge Advocate General for decision before filing.

When the medical officer or dental officer and the commanding officer are in accord that a person of the Navy or Marine Corps has been absent on account of a disability due to the person's own misconduct, such person shall be so informed and accorded the right to present such evidence in rebuttal as he may desire as provided by Articles 0971 and 1703, *Navy Regulations.*

When there is disagreement between the commanding officer and the medical officer or the dental officer as to a misconduct finding, the commanding officer shall endorse on the record an expression of his own opinion and forward the correspondence to the Chief of the Bureau of Medicine and Surgery for the procedure outlined in the preceding paragraphs.

When it is impracticable to determine that such absence from regular duties was directly due to a course which deprives the person of pay, such person will not be permitted to draw pay, as distinguished from allowances, for the period of such absences until the cause of the absence from duty has been determined as herein provided, except the sum of $5.00 per month as provided by law. No person with misconduct status undetermined shall be discharged from the service until instructions have been obtained from competent authority.

In cases where evidence rebutting a misconduct entry is presented, it will be noted that a copy of the entry and of the evidence are forward to the Bureau for expression of medical or dental opinion and then referred to the Judge Advocate General of the Navy for decision. As such expression of opinion and decision must necessarily be based upon the facts presented, it is therefore most essential that the medical and dental record contain all pertinent facts. An official contemporaneous record is the best evidence as to the facts therein stated, and can be successfully rebutted only by direct, positive, and conclusive evidence that there was error or mistake of fact or fraud in making such record. Therefore, the necessity for careful and complete statements in medical and dental records is clearly established.

Decisions rendered on the subject of the misconduct status of disabilities are published to the naval service through the medium of court-martial orders issued by the Navy Department. Medical and dental officers, should carefully examine these published decisions for any change from prior or similar decisions.

Courts of inquiry or investigations, convened to determine the cause of the loss of the life of any person in the naval service or connected therewith from accident or under peculiar or doubtful circumstances, are required by Naval Courts and Boards, to give an opinion as to whether or not death was due to misconduct. As a medical officer usually is a member of such a court or board, he must be familiar with what constitutes misconduct and with the decisions relating thereto.

Line of duty.—In an opinion of the Attorney General of the United States dated 17 May

(Face)

NAVMED H-8 (Rev. 5-45) PAGE NO. 3

MEDICAL HISTORY

SURNAME: JONES

CHRISTIAN NAME(S): John (none)

RANK OR RATE: SN, USN | FILE OR SERVICE No.: 562-53-34

BIRTHPLACE: Illinois | BIRTH DATE: 11-15-24

STATE NAME OF PLACE—DATE EACH NEW ENTRY

1. Liberty.
2. Intoxicated.
3. Due to own misconduct.
4. Staggered and fell, striking face against doorknob of public restaurant.

C.C.: Pain and swelling below right zygloma.

P.E.: Well developed white male. Examination essentially negative except for pain, swelling, and discoloration below right zygoma. X-ray examination reveals "V" shaped line fracture with apex of "V" between teeth #3 and #4. Distal root of tooth #4 fractured 1/4" distance from crown. Tooth #4 has slight lingual version, but occlusion otherwise normal.

C & EC: 7-2-49: Diagnosis changed.
O Diagnosis established to FRACTURE, Simple, right maxilla #2531. DUE to own misconduct. NOT line of duty. Key letter "G". NEPTE
1. Liberty.
2. Intoxicated.
3. Due to own misconduct.
4. Staggered and fell, striking face against doorknob of public restaurant.

TREATMENT: Tooth #4 and root fragment removed under regional anesthesia. Arch immobilized with wire arch splint and ligatures. Liquid diet, warm saline mouth wash after meals, 2 APC tablets q 4 h,

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(CONTINUED) (Back) PAGE NO. 4

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

P.R.N., for pain.

7-7-49: Swelling has subsided. Wire arch removed. Placed on dental soft diet. Warm saline mouth wash q 3 h.

D: 7-12-49: Discharged to duty this 10 date.

G. H. Eye
LCDR, DC, U.S.N.

APPROVED:
J. K. Ell
CAPT, MC, U.S.Navy
Medical Officer in Command

U. S. S. RESERVESHIP (A. D. 100)

RA: 8-16-49: FRACTURE, Simple, right maxilla #2531. NEPTE. NOT due to own misconduct. LINE OF DUTY. Key letter "G".
1. Liberty
2. Not Intoxicated.
3. Not result of own misconduct.
4. Stepped on meat scrap, slipped and fell, striking face against doorknob of public restaurant.

In accordance with instructions from the Chief of Naval Personnel contained in BuPers letter dated 8-5-49, the finding of misconduct is removed from the record for the period of hospitalization from 7-2-49 to 7-12-49.

The misconduct entry has been removed from JONES' service record.

D:8-16-49: Discharged to duty this
O date. Admitted and discharged for record purposes only.

A. B. Sea
Lt, DC, U.S.N.

APPROVED:
John H. Brown
LCDR, MC, U.S.Navy
Senior Medical Officer

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Figure 20.—Health Record, typical medical history entries.

1855, it is stated that since 1799 the phrase "in the line of duty" has been uniformly used in the statutes in defining the right to pensions, and that it is an apt one, to denote that an act of duty performed must have relation of causation, mediate or immediate, to the wounded,

(Face)

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MEDICAL HISTORY

SURNAME: DOE

CHRISTIAN NAME(S): John (none)

RANK OR RATE: Sn, USN | FILE OR SERVICE No.: 617-71-40

BIRTHPLACE: Dallas, Texas | BIRTH DATE: 6 Oct. 1920

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS

A: 3-10-43: INJURIES, MULTIPLE, EXTREME. No. 2542.
Origin: Not Misconduct. Not E.P.T.E
(1) Within Command.
(2) Work.
(3) Negligence not established.
(4) "While leading a four plane navigation flight Aviation Cadet White's plane was damaged in a mid-air collision. A portion of his planes tail surface was lost and he parachuted."
C.C.: Unconscious and in shock following accident.
P.I.: Patient admitted to the ward in deep coma and shock following a parachute jump from a damaged plane. Parachute was damaged in opening and did not break his fall effectively. He was not seen to move following his landing. T. 97° axillary. R. 36 P. 140 P.H.: & F.H.: Irrelevant.
P.E.: Examination reveals a well nourished white male of approximately 22 years in coma and shock.
HEAD: Laceration below chin--superficial. No other lacerations or contusions noted on the head.
EYES: Pupils constricted bilaterally and react sluggishly to light.
CHEST: X-ray reveals fracture of all of ribs of right chest approximately 3 cm, from vertebral column. Dulness over all of right chest.

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(CONTINUED) PAGE NO. 2

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

X-ray evidence of lung collapse, right, with fluid in the pleural cavity. The Mediastinal contents shifted to the right.
HEART: Rate rapid 140 but regular, no murmurs noted.
B. P. 78/50.
ABDOMEN: No external evidence of injury. Muscle well rigid. No further examination deemed advisable.
EXTREMITIES: Negative.
Breathes with difficulty and laboring in character. He had no convulsions at any time.
TREATMENT:
Blood plasma 300 cc.
Coramine 1 cc.
Caffeine, Sodium Bensoate grs. 15.
Atropine gr. 1/150.
Bed rest and heat for shock.
COURSE: At 1300 admitted to ward in deep shock. Shock therapy started immediately following X-ray of chest.
1445: Temp. 102.8 axillary. P.150.R.40. Thready and weak.
B.P. 74/40.
Caffeine: Sodium Benzoate grs. 7 given.
1600: Temp. 104 P. 140. R. 40.
B.P. 74/40.
Patient much weaker.
1630: Marked lateral and upward deviation of eyes.
Neurological symptoms developing.
1720: Temp. 105° axillary, R.30.
B.P. 78/40.
Respiration shallow and labored.
Tracheal tug present.
Moderate cyanosis developing.
Extremities are cold, much muccous in Bronchial tree.
1835: Patient pronounced dead.
DD: 3-10-43: 1835:
O

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Figure 21.—Health Record, typical medical history entries.

(Face)

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MEDICAL HISTORY

SURNAME
DOE

CHRISTIAN NAME(S)
John (none)

RANK OR RATE	FILE OR SERVICE No.
Sn, USN	617-71-40

BIRTHPLACE	BIRTH DATE
Dallas, Texas	6 Oct. 1920

STATE NAME OF PLACE—DATE EACH NEW ENTRY

(Signature) ...(Medical Officer)....
F. G. JOHNSON,
Lt. (MC) USN.

APPROVED: ...(Medical Officer)....
A. C. SMITH,
CAPT. (MC), USN.

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Figure 22.—Health Record, typical medical history entries.

the casualty, the injury, or the disease, producing disability or death. On the same opinion it was also stated that to determine the right of pension, the question is not whether, when the cause of disability or death occurred, the party was on duty or not, in active service, or on furlough or leave, in arrest or not, but whether, in any of the possible conditions of service, the cause of disability or death was appurtenant to, dependent upon, or connected with, acts within, or acts without, the line of duty. It was further stated that the true test-criterion is: Was the cause of disability or death a cause within the line of duty or outside of it? Was the cause appertaining to, dependent upon, or otherwise necessarily and essentially connected with duty within the line, or was it unappurtenant, independent, and not of necessary and essential connection?

A precise definition of the phrase "line of duty" is not practicable because, as stated in *Naval Courts and Boards*, there is no general rule and each case is decided on its own merits.

To constitute line of duty the person must be in active service; but it is not material whether he is on active duty, on furlough, leave of absence, or under arrest. It is, however, material whether the injury was due to his own wilful misconduct—"wilful" in this connection being distinguished from mere acts of negligence or unintentional or ignorant infractions of duty—or was due to something which he was doing in pursuance of a private avocation or business. It is not line of duty if the injury grows out of relations not connected with the service or is not the logical incident or probable effect of duty in the service.

The question of line of duty is one of law and fact. The question whether disability in a given case did or did not originate in line of duty depends upon whether the facts in said case create a condition or situation coming within the legal definition of the term.

As stated in the discussion of misconduct entries, too much emphasis cannot be laid upon the fact that all possible available information pertinent to the question of how and when the disability arose should be noted for consideration by those endeavoring to arrive at a proper decision under the law. This means that all

facts, including those which are peculiar to the science of medicine, dentistry, and surgery, such as facts pertaining to the nature of the disability, its probable duration, and the con-

(Face)

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MEDICAL HISTORY

SURNAME: DOE

CHRISTIAN NAME(S): John (none)

RANK OR RATE: Sn, USN | FILE OR SERVICE No.: 617-71-40

BIRTHPLACE: Dallas, Texas | BIRTH DATE: 6 Oct. 1920

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS

A: 5-31-43: FRACTURE, COMPOUND (Skull) No. 2539.
Key letter "I" Specialty letter "R". Origin: Not misconduct. Not E.P.T.E.
(1) Within command.
(2) Work.
(3) Negligence not apparent.
(4) Plane lost flying speed at 50 ft. altitude and crashed to the ground.
C.C.: Head injury following airplane crash.
P.I.: Patient was admitted to ward following a crash in airplane. At time of admission the patient was conscious but had a compound fracture of the frontal sinuses with bone fragments driven into the brain substance of the frontal lobes. The nasal bones are fractured as is the right maxilla.
P.H.: & F.H.: Irrelevant.
P.E.: Examination reveals a well developed, well nourished white male of approximately 22 years seriously injured.
HEAD: There is a laceration of the frontal area approximately 8 cm. in length above the eyebrows with fracture of the skull. The brain substance was visable and bone fragments were driven into the frontal lobes. Right maxilla is fractured. The left frontal sinus is fractured. In addition the patient had numerous lacerations and

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(CONTINUED) PAGE NO. 2

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

abrasions. B. P. 120/80.
TREATMENT: Under intravenous anesthetic the bone fragments were removed from the brain, the area cleansed and closed. The wound was dressed and plasma was given 500 cc. Patient was put to bed and given morphine.
COURSE: 6-1-43: Patient rational. Meningeal fluid escaping through the nose. Patient seen in consultation by Dr. McNerny, neuro-Surgeon.
T: 6-1-43: Patient transferred this
1 Corpus Christi, Texas, for treatment and disposition.

(Signature) Medical Officer
F. G. JOHNSON,
Lt. (MC), USN

APPROVED: Senior Medical Officer.
W. P. DEY,
CAPT. (MC), USN (Ret.)

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Figure 23.—Health Record, typical medical history entries.

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MEDICAL HISTORY

SURNAME: DOE

CHRISTIAN NAME(S): John (none)

RANK OR RATE: Sn, USN | FILE OR SERVICE No.: 617-71-40

BIRTHPLACE: Dallas, Texas | BIRTH DATE: 6 Oct. 1920

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS
A: 6-29-42: WOUND, LACERATED (Right Frontal Region) No. 2563.
Origin: Not misconduct. Not E.P.T.E.
(1) Liberty.
(2) Not intoxicated.
(3) Not result of own misconduct.
(4) Man was riding in car with another man. Patient was asleep when car collided with another car.
C.C.: Laceration on right frontal region of scalp requiring 6 sutures. Puncture wounds of left leg over anterior tibia, deep and ragged in character. Many other contusions and abrasions of body.
Treatment: Received 1/2 cc. Tetanus toxoid. Head and other wounds dressed and sutured.
T: 6-29-42: USNH Corpus Christi, Texas,
O for treatment and disposition.

(Signature) .....Medical Officer.....
H. D. GIDDINGS
Lt. Comdr., MC-V(S)USNR

APPROVED: .....Medical Officer.....
A. C. SMITH
CAPT. (MC) USN.

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Figure 24.—Health Record, typical medical history entries.

ditions affecting its recurrence, as in a case of epilepsy or insanity, should be noted. No fact, however trivial, should be overlooked, and special endeavor should be made to ascertain all facts which might in any way bear upon the various angles of the question. It is therefore most important that medical and dental histories as mentioned heretofore be accurate and complete, not only so far as diagnosis, symptoms, treatment, etc., are concerned, but also with regard to the origin and the service connection of the death or disability.

Where the injury or disease occurs while on leave, the burden of proof shall be on the patient to show that it was incurred in the line of duty; but where the injury or disease occurs while at camp or post of duty, the burden shall be upon the Government to show that the disability was not in line of duty.

Private affairs not embraced by "Line of Duty."—Line of duty means public duty, and public duty is the performance of those things of an official or professional nature which an individual obligates himself to perform when he enters public service. When performing those things which the law requires of the individual in his public duty he is in the line of his duty. But, when exercising his private rights and duties, which as a citizen he has a perfect right to do, if disability or death occurs while in the performance of such acts which are absolutely disconnected from and wholly independent of his public obligations, the individual is not in the line of his public duty.

Death or disability as a result of medical or dental treatment.—A death or disability resulting from medical or dental treatment administered by proper medical or dental authority for a disease suffered as a result of own misconduct is considered to be in line of duty, the death or disability not being the result of the disease but of the medical or dental treatment for the disease. Also, where an individual suffering from a disability existing prior to enlistment dies as the result of medical or dental treatment or an operation in line of duty, his death must be held to have occurred in the line of duty.

Athletics.—Exercising is necessary to health, and athletic contests are conducive to physical

development and well-being, with those who engage in them being better fitted for the performance of their duties. Disabilities incurred while so exercising or engaging in athletic contests may justly be considered in the line of duty.

Death or injury while on duty, resulting from disability existing prior to enlistment,

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MEDICAL HISTORY

SURNAME: DOE

CHRISTIAN NAME(S): John (none)

RANK OR RATE: HM 2/c | FILE OR SERVICE NO.: 562-48-33

BIRTHPLACE: Columbus, Ohio | BIRTH DATE: 12-15-24

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS

A: 7-7-43: SUBMERSION, NON FATAL,
No. 2554.
Key letter "G".
Result of own misconduct.
Patient is not at present able to comprehend the above adverse entry.
(1) Within command.
(2) Not Work.
(3) Man's own negligence.
(4) While returning from liberty intoxicated, walked off hospital boat into water.
This occurred at about 0830 this date. He was rescued by other patients and resuscitated after prolonger artificial respiration.
Treated for shock and acute alcoholism. Condition improved under external heat and stimulation.
7-8-43: Much improved.
N. R. complied with (Articles 1703 and 0971).
Patient submitted the following statement in rebuttal to the commanding officer for transmittal to the Navy Department for decision.
(Patient's signed statement).....
.....
D: 7-9-43: Patient has recovered from 2 the effects of his submersion. To duty. Well.
.....
Medical Officer's Signature

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(CONTINUED) PAGE NO. 2

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

APPROVED:
.....
Senior Medical Officer

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Figure 25.—Health Record, typical medical history entries.

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MEDICAL HISTORY

SURNAME: DOE

CHRISTIAN NAME(S): John (none)

RANK OR RATE	FILE OR SERVICE No.
Sn, USN	617-71-40

BIRTHPLACE	BIRTH DATE
Dallas, Texas	6 Oct. 1920

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS
A:12-29-43: GASTRO-ENTERITIS, ACUTE
No. 332.
Origin: Not Misconduct. Not E.P.T.E.
C.C.: Nausea, vomiting, anorexia
P.I; Began Dec. 25, 1943.
P.H. & F.H: Irrelevant.
P.E. Heart, lungs, throat; normal.
Abdomen slightly distended, no pain
nor tenderness.
T. 101 P.90 R.24.
W.B.C. 8,300.
Rx: Amphojel: Mag. Sulphate.
Thiamine Chloride. Ferrous Sulphate.
12-31-43: T.99 P.80 R.20.
RBC, 4,750,000.
Urinalysis: negative.
:12-31-43: Continued to next year.
3 :1-1-44: Remaining from previous year.
Abdomen soft, not tender, no
spacticity. Slight icteric tint to
conjunctival. Urine dark, stools
clay colored.
T.98.6 P.80 R.20.
1-3-44: T.98.6 P.80 R.20.Icterus clearing
1-6-44: T:98.6 P.72 R.18. No icterus
noted, asymptomatic.
D:1-7-43: To duty. Well.
7 .....Signature.....
(Medical Officer)
APPROVED: .....Signature.....
(Senior Medical Officer)
J. GOLDFEDER
Lt. Comdr. MC-V(S) USNR

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Figure 26.—Health Record, typical medical history entries.

does not come within the line-of-duty category. However, when a disability which originated prior to enlistment, but was apparently cured prior to and at the date of enlistment, is revived and aggravated as the immediate result of an accident or of an incident in the line of duty, the injurious consequences of such aggravation may amount to line of duty.

When an officer or enlisted man or other member of the naval service has passed the required physical examinations for admission therein, he must be accepted as being in sound mental and physical condition at the time, except in those cases where positive facts are presented showing that the disability complained of existed prior to his entrance into the naval service. The only facts which may be accepted as showing that the disability existed prior to enlistment are such as the record of creditable institutions, sanitariums, and hospitals, or the statement of a reputable physician attending the individual prior to enlistment that said individual had the disability complained of at the time he was in attendance upon him, or statements of other individuals qualified by experience and education to recognize the disability complained of, to the effect that the individual had said disability prior to his enlistment. Because the law presumes that the individual was in sound condition when he entered the service, except for defects recorded as existing at the time of enlistment, a disease or disability disclosed for the first time after enlistment is presumed to have originated in the line of duty in the absence of evidence of record to the contrary. Under recent decisions, the presumption of soundness at the time of entry into the service cannot be rebutted, except by actual facts pointing unmistakably to the conclusion that the disability complained of actually did exist prior to admission into the naval service. In all cases where there is no affirmative evidence to the effect that the act complained of did not originate in the line of duty, the further presumption exists that the disability did arise in the line of duty.

Line of duty in every case must be determined without reference to the nature of the disease, or any presumption as to the length of time it may have existed prior to date of discovery, provided there is in fact no affirma-

tive evidence, outside the nature of the disease, showing that it existed prior to enlistment, for the reason that the law presumes the individual is in sound condition when accepted for the service, and when it is shown that he had a disease during his term of service such disease must be deemed to have been contracted while in the service. This applies to every disease, regardless of the presumption that it is congenital or inherited. Any presumption as to predisposition or heredity or congenital origin has no place and should not be given consideration in deciding the question as to whether or not a particular disability occurred subsequent to enlistment and in the line of duty, where said disability is discovered for the first time while the individual is in a duty status subsequent to his entering in the naval service.

THE DIAGNOSTIC NOMENCLATURE

When persons in the naval service are placed on the sick list an entry is made in their health record and on such other medical records as may be necessary. To identify the disability for which one is placed on the sick list the naval medical department uses a diagnostic nomenclature that has been compiled to meet the needs of the Navy.

In this diagnostic nomenclature diseases and conditions are grouped in various anatomical, epidemiological, and miscellaneous classes, with injuries and poisonings each as a single class. These classes are indicated by roman numerals for grouping and statistical use. The diagnostic titles are numbered in Arabic figures and the last two digits of a diagnosis number identify it as a title within the class indicated by the one or two preceding digits.

The nomenclature is comprised of four sections and an index. Section I consists of instructions regarding the use of the nomenclature and the preparation of statistical reports. Section II consists of the diagnostic titles arranged first by classes and then alphabetically. Section III contains the nomenclature of surgical operations, and Section IV the nomenclature of nature and cause of violence.

Among the diagnostic titles in Section II are a number of symptomatic diagnoses and some which are necessary to meet conditions peculiar

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MEDICAL HISTORY

SURNAME: DOE

CHRISTIAN NAME(S): John (none)

RANK OR RATE: Sn. USN | FILE OR SERVICE NO.: 617-71-40

BIRTHPLACE: Dallas, Texas | BIRTH DATE: 6 Oct. 1920

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS

A: 5-7-43: ABRASION (Right Foot)
No. 2500.
Key letter "M"
Origin: Not Misconduct. Not E.P.T.E.
(1) Within command.
(2) Work.
(3) Negligence not apparent.
(4) Shoe rubbed blister on right foot.
C.C.: Pain in right foot.
P.I.: 2 days ago noticed small abrasion on inside of right foot which began to swell and he reported to sick call.
P.E: T.P.R. normal. Swelling and redness of right foot radiating out from abrasion of right foot.
Rx: To bed. Hot applications to foot.
C: 5-8-43: Diagnosis changed this 1 date, by reason of complications to:
ACD: 5-8-43: CELLULITIS (Right Foot)
P.E.: T.P.R. Normal.
Swelling and redness of right foot.
Rx: Incision and drainage of right foot. Hot applications.
D: 5-10-43: To duty to return for 2 retreatment.

M.O. Signature
R. E. BRATTON
Lt. Comdr. MC-V(S), USNR

APPR: Sr. Med. Appr.:
R. J. TROUT
COMDR. (MC) USN, (Ret.)

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Figure 27.—Health Record, typical medical history entries.

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MEDICAL HISTORY

SURNAME: DOE

CHRISTIAN NAME(S): John (none)

RANK OR RATE	FILE OR SERVICE No.
Sn. USN	617-71-40

BIRTHPLACE	BIRTH DATE
Dallas, Texas	6 Oct. 1920

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS

A: 3-5-43: WOUND, LACERATED (Right Hand) No. 2563. Key letter "F".
Origin: Not Misconduct. Not E.P.T.E.
(1) Within command.
(2) Work.
(3) Negligence not apparent.
(4) Installing speed ring, cut hand on sharp edge.
C.C.: Lacerated wound right hand.
P.I.: On 3-5-43 while installing speed ring cut hand on sharp edge of ring.
P.E.: T.P.R. Normal.
Lacerated wound at base of index finger very inflamed, swollen and red.
Rx: Put to bed, hot wet dressings to hand.
C: 3-7-43: Diagnosis changed this date.
O by reason of complications to:
ACD: 3-7-43: WOUND, INFECTED (Right Hand) No. 2577.
(1) Within command.
(2) Work.
(3) Negligence not apparent.
(4) Installing speed ring, cut hand on sharp edge.
P.E.: To bed with swollen hand and arm.
T. 100.4 P. 100 R. 18
Rx: Wound incised, hot dressings and Sulfathiazole.
D: 3-7-43: To duty to return for 2 observation and dressing.

M. O. Signature
R. E. BRATTON, Lt.Comdr.MC-V(S),USNR

APPR: Sr. Med. Signature. 16—41369-1
R. J. TROUT, Comdr. (MC) USN

Figure 28.—Health Record, typical medical history entries.

to the naval service. The use of these titles is next explained.

Symptomatic diagnoses represent secondary manifestations of an underlying disability and are used when the underlying condition cannot, at first, be definitely determined. When such diagnoses have been used they shall later, if possible, be changed by reason of *error* to that of the underlying disability. They are then taken up as EC. For example, the symptomatic diagnosis "Headache" may be changed to "Glioma, brain;" "Cardiac arrythmia, heart block" may be changed to "Coronary heart disease, arteriosclerotic;" etc.

The title "—XY, Other diseases of this class" appears in each class in the diagnostic nomenclature except those of venereal disease, injuries, and poisonings. This provides elasticity in the use of the nomenclature and permits the reporting of definite clinical entities having generally accepted titles which are not included in it. It is not to be used, however, for disabilities which can be reported correctly under any other title appearing in the nomenclature.

The title "Diagnosis undetermined" is provided under the headings of "Diseases and Conditions, Injuries, and Poisonings." When this title is used the suspected disability is entered in parentheses immediately following as, for example, "Diagnosis undetermined (appendicitis, acute);" Diagnosis undetermined (fracture, simple, cartilage, semilunar);" "Diagnosis undetermined (poisoning, acute lead)," etc. As soon as the nature of the disability is determined the title is changed to that of the determined disability by reason of "Established." They are taken up as EC. It is proper to use this title (1) for admission to the sick list and transfer of patients when circumstances do not warrant an immediate diagnosis; (2) when a patient is on the sick list with an established diagnosis and an undetermined disability arises (this procedure prevents the sick days incurred in establishing the new disability being charged improperly to the disability for which the patient is already being carried on the sick list); and (3) when a patient is disposed of by transfer, desertion, continuation to next year, or change of diagnosis. Under no circumstances shall a case carried on the sick list as "Diag-

nosis undetermined" be disposed of as to duty, died, invalided from the service, or transferred to sick leave, it being necessary to establish a diagnosis before any such dispositions may be effected.

Malingering is a title to be used when a patient claims or feigns to be ill or unduly exaggerates a disability, and the medical officer is of the opinion that there is only a slight or no actual disability. Concerning this type of

NAVMED H-8 (Rev. 5-45) PAGE NO. .....

MEDICAL HISTORY

SURNAME: DOE

CHRISTIAN NAME(S): John (none)

RANK OR RATE: Sn. USN | FILE OR SERVICE NO.: 617-71-40

BIRTHPLACE: Dallas, Texas | BIRTH DATE: 6 Oct. 1920

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS

N: June 19, 1938: Contusion, over left
O: tibia, struck leg against ladder
T: tread during ship drills. Injury
E: slight. Dressing applied. Placed on binnacle list. No complications.

(Signature) .....Medical Officer.....
A. A. BLANK
Lt. Comdr. (MC) U.S.N.R.

"All entries in Health Record take an Approval except (when entries are made by Senior Medical Officer or the officer approving histories.

16—44869-1

(CONTINUED) PAGE NO. .....

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS

N: 4-22-43: WOUND, LACERATED (Left
O: lower forehead 1" long) Fell out
T: of bunk. Injury slight. Dressing
E: applied.
2 sutures. Sulfathiazole powder.

M. O. Signature.....

APPR: .....Signature.....
Senior Medical Officer

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS

N: 4-22-43: Reported to Dispensary
O: this date with lacerations over
T: left eyebrow 1" and 1/4" long.
E: Abrasions left cheek. Wound cleaned. 2 sutures. Sulfathiazole powder and dressed.

M. O. Signature.....

APPR: .....Signature.....
Senior Medical Officer

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS

N: 4-22-43: Patient received 1st
O: degree burn on right forearm
T: caused by grease popping on him.
E: Treated with Sulfathiazole ointment dressing 4-22-43. No further treatment necessary.

M. O. Signature.....

APPR: .....Signature.....
Senior Medical Officer

☆ GPO 16—44869-1

Figure 29.—Health Record, typical medical history entries.

NAVMED H-8 (Rev. 5-45) PAGE NO. .....

MEDICAL HISTORY

SURNAME: DOE

CHRISTIAN NAME(S): John (none)

RANK OR RATE: Sn. USN | FILE OR SERVICE No.: 617-71-40

BIRTHPLACE: Dallas, Texas | BIRTH DATE: 6 Oct. 1920

STATE NAME OF PLACE—DATE EACH NEW ENTRY

NAVAL AUXILIARY AIR STATION
KINGSVILLE, TEXAS
20 May, 1943

Examined this date and found physically qualified for retirement in accordance with (a) Comdt. Ltr. QR/P19-2/MM/ND8, (65.FHS:Gn), Serial No. P 13098, of Feb. 20, 1942, or whatever authority it may be.
Defects noted:
(1) Fine tremor of fingers.
(2) Appendectomy Scar, firm.
(3) Mild Hypertension.
(4) Slight obesity.

M. O. Signature
Lt. Comdr. (MC), USN.

21 May, 1943
Examined this date and found physically qualified for.
Recall to active duty.
Defects Noted:
(1) The defects are same as above.

M. O. Signature
Lt. Comdr. (MC), USN.

16—44869-1

Figure 30.—Health Record, typical medical history entries.

case *Navy Regulations* directs that whenever the medical officer "discovers that any person has wilfully produced, concealed, aggravated, or feigned any disease or injury, he shall report the fact to the commanding officer, and enter it upon the report book." Such feigning of a disease or injury constitutes a violation of Navy regulations and therefore is an offense for which the offender may be punished. It is therefore advisable that a medical officer reporting any such case to the commanding officer and entering it in the report book (a book kept by the executive officer in which officers may make reports against any member of the crew) should be certain that the conditions in the case will support his contention, for the burden of proof rests upon him.

The title "No disease" is used for individuals who, for any reason, must be carried on the medical department returns for rations, as suspects, or as contacts, and who do not claim to be and are not regarded as sick. When this is used the reason or condition for its use shall be recorded in parentheses immediately following as, for example, "No disease (mental observation);" "No disease (scarlet fever contact);" "No disease (awaiting discharge)," etc. By the use of this title the charging of undue sick days to a disability is prevented and consequently statistical compilations are more nearly accurate.

If a person being carried on the sick list with "No Disease" is found to have a real disability which brought on his symptoms, the diagnosis "No Disease" should be changed ("C" to the correct diagnosis by reason of *error*). The correct diagnosis is then taken up with the admission symbol EC.

No case shall be carried on the sick list simultaneously with more than one diagnosis. When two or more disabilities exist the first admission shall be (1) for a communicable disease, (2) the graver disability rather than a complication.

When the condition in a case on the sick list warrants, a change of diagnosis shall be made as soon as possible so that each disability may be charged with only its proper number of sick days.

In taking up, disposing of, or changing a

diagnosis the following abbreviations shall be used and placed on the left margins of the medical history sheet. (These same abbreviations are used on the F cards and other medical reports and returns.)

A.....Original or New Admission

A diagnosis may be changed for any of the reasons shown in column I below, and the patient shall then be taken up with the succeeding diagnosis using the designation shown in column II, below.

Column I Reason diagnosis changed	Column II Taken up with next diagnosis
(a) Complication	ACD
(b) Sequela	ACD
(c) *Error*	EC
(d) Diagnosis established	EC
(e) Concurrent diagnosis	AD
(f) Intercurrent diagnosis	AD
(g) Convalescent leave	AD
(h) Return to former status	FS

The following abbreviations shall be used in the disposition of cases on the sick list:

D.....Duty
C.....Diagnosis changed
DD.....Died
IS.....Invalided from service
RAN.....Deserted
T.....Transferred
"—".....Continued to next year

In case of death the patient shall be disposed of as "Died" (DD). Should death result from a disability other than that with which the patient is carried on the sick list, the diagnosis shall be changed and properly taken up with the direct cause of death, and immediately disposed of by DD.

For complete instructions concerning the diagnostic nomenclature, reference should be had to that publication or to the *Manual of the Medical Department.*

The Dental Record.—A dental record is prepared for each person who enters the Navy or Marine Corps, or the Naval or Marine Corps Reserve, for each person on the retired list who is returned to active duty, and for any individual whose original record is lost or destroyed. The original and replacement record is made out in duplicate. The duplicate copy of the dental record is forwarded to the Bureau of Medicine and Surgery, and the original record is retained and accompanies the person for whom it was made, as part of the health record.

The dental record shows the full name as it appears on the individual's service record. No part of the name should be abbreviated. There is a space to insert the city and state in which the person was born. Also a space for the date on which the dental examination is made and the name of the dental officer, which is typed in capital letters on the line "Date and signature of examining dental officer."

The upper chart on the dental record is used to record the findings of the first examination and should not be altered thereafter. It is dated and signed by the examining dental officer. Findings are charted in accordance with instructions as contained in the *Manual of the Medical Department.*

The dental record is a continuous history containing accurate and complete entries of dental examinations and treatments. Entries must always be signed by the dental officer rendering such examination or treatment.

When an enlisted man is advanced to a commissioned officer or warrant officer, the original dental record is corrected and brought up to date when necessary. The original dental record of a midshipman should be continued in his health record when he becomes a commissioned officer. When a person reenlists or extends an enlistment, before or immediately upon expiration of an enlistment, or is transferred to the inactive Fleet Naval Reserve or Marine Corps Reserve, the dental record will be corrected and brought up to date. This procedure is repeated if the Reservists are recalled to active duty.

A new dental record is prepared in duplicate when the record cannot be brought up to date satisfactorily by entries on the lower chart, or when the dental record is filled with entries.

A copy of the duplicate record should be forwarded to the Bureau. When more than one sheet is included in the dental record, the sheets should be arranged in sequence with the latest uppermost. Each officer of the Dental Corps treating a case should see that his entry is recorded on the latest sheet of the dental record. When an individual is appointed or enlisted with dental defects which have been waived, the defects should be described fully in the dental record, under "Remarks." In such cases, it would be well to cite the letter which granted a waiver of the defects noted.

Custody of Dental Record.—When an individual is attached to a ship or station having a dental activity, his dental record is placed in the custody of the dental officer, who assumes responsibility therefor. If in an activity where there is no dental officer attached, the dental record remains in his health record. When patients are sent from one activity to another for dental treatment the dental records are forwarded with or in advance of the patients. The record is returned to the individual's activity when treatment has been completed or terminated.

The dental officer forwards the dental record to the medical officer in the following circumstances; when a person (a) is transferred to another ship or station, (b) is ordered to appear before a board necessitating a physical examination, (c) is transferred to a naval hospital or to a foreign hospital, (d) is discharged from treatment at a naval hospital and is directed to proceed home to await action of a naval retiring board, (e) is declared a straggler or deserter, (f) disappears in a manner indicative of death, (g) in case of death. The dental record should be forwarded to the Bureau with a letter of explanation, if the location of the health record is not known.

When Navy or Marine Corps personnel are ordered to participate in a foreign expedition, and it is inadvisable to take health records, the dental records are retained in the health records in custody of the medical officers in the staging areas. In such cases, notes on dental treatment given should be kept by the dental officer for subsequent insertion in the dental records.

Dental records of personnel of the Naval and Marine Corps Reserve, the Fleet Naval Reserve and Fleet Marine Corps Reserve, not on active duty, should be retained in the health records, wherever they may be filed.

When enlisted personnel do not reenlist or extend their enlistment, immediately upon the expiration of an enlistment, the dental record is forwarded to the medical officer who has custody of the health record for inclusion therein.

In case of recovery of a lost dental record, entries are made in the recovered record of any data recorded in a replacement record and the replacement record then should be destroyed. Dental records are subject to inspection at any time by the commanding officer.

Special entries in dental record.—When dental treatment is indicated but not required for the safety or health of the command, and is refused by the patient, appropriate entries should be made in the dental record dated and signed by the dental officer.

When dental treatment is required for the safety or health of the command, or to make a man fit for duty, and is refused by the patient, appropriate entries should be made, signed by the dental officer, and the matter reported to the commanding officer.

In cases involving dental injuries incurred not in the line of duty or due to own misconduct, a notation to that effect should be made in the dental record, dated and signed by the dental officer, and the circumstances reported to the commanding officer.

Record of dental examination.—It is very important that the charted record of dental examinations be in exact conformity with instructions and unquestionably accurate. The dental record is most valuable when other means of identification fail. Any peculiarities or deviations from normal are particularly valuable for identification purposes and should be recorded under "Remarks." Such abnormalities as erosion, abrasion, fluorosis, hypoplasia, malocclusion (type), irregularity of alinement, rotation, retained deciduous teeth, presence of supernumerary teeth, Hutchinson's teeth, fractures of enamel or teeth, abnormal interdental

spaces, mucosal pigmentations, disastema, hypertrophied frenum labium, torus palatinus and torus mandibularis are, when noted, especially useful in this connection. Prosthetic appliances are also described under this heading. When all teeth present are free from caries and restorations, special effort should be made to discover and record any abnormalities, however slight.

Record of dental operations.—All operations and restorations are charted individually on the lower chart in accordance with instructions contained in the *Manual of the Medical Department.* Authorized abbreviations covering the operations and treatment are entered on the reverse of the dental record in designated spaces. Similar entries are made when teeth are injured or lost as the result of an accident incurred in the line of duty, and when prosthetic treatment is given. It is important that these entries of treatment be complete, accurate, and brief. They are recorded in abbreviated form in exact conformity with the classification for record purposes in the directions as contained in the *Manual of the Medical Department.*

Operations performed by other than naval dental officers subsequent to completion of the upper chart should be indicated on the lower chart by the dental officer discovering the condition, just as if they had been done by a dental officer. Appropriate entries should be made on the reverse of the dental record indicating the nature of the treatment and adding the abbreviation "civ." (civilian), or other abbreviation, as the case may be. The date entered should be the date of discovery. Operations known to have been performed by naval dental officers whose identity is not recorded should be noted similarly, except that the abbreviation "NDO" (naval dental officer) should be used. The date entered should be the date the operation is discovered.

Legend of characteristic markings, used for dental charts. The following chart markings shown below have been standardized so that the original dental condition, condition at other times when records were prepared, treatment needed and treatments completed may be readily noted. This facilitates continued continuity of treatments and may establish identifications in certain examinations.

Red markings used on the upper chart indicate missing teeth and restorations noted at the time of examinations.

Black markings are used on both upper and lower charts. On upper charts they show specifically the need for dental treatment. On lower charts they show all operations or restorations, except removable prosthetic appliances completed subsequent to the time the upper chart was made out.

Reader is referred to page 76 for a facsimile of dental record H-4 included in the health record. This dental record shows the characteristic markings used for recording dental examinations and operations.

NOTE.—Printing contract arrangements preclude the use of more than two colors, black and white. In this text consequently, the markings on dental chart shown in the facsimile reproduction is in black. It should be understood, however, that in processing the dental record the use of red or black ink as indicated is mandatory.

UPPER CHART

Tooth	Ink used	Description
Number		
1	Black	Impacted
2	Red	Occlusial amalgam
3	Red	Mesial-occlusial gold inlay
4	Black	Buccal caries
5	Red	Mesial cement silicate
6	Red	¾ gold crown abutment on bridge
7	Red	Missing replaced by fixed bridge, gold back, porcelain or acrylic facing
8	Red	
9	Red	
10	Red	
11	Red	¾ gold crown abutment on bridge
12	Black	Mesial and occlusial caries; Abscess
14	Black	Mesial-occlusial temporary cement filling
16	Red	Missing
18	Black	Mesial-occlusial-labial caries. Requires extraction

UPPER CHART Continued

Tooth	Ink used	Description
Number		
19	Black	Distal-occlusial-labial caries. Pyorrhea. Fistula
20	Black	Periodontoclasia (pyorrhea)
21	Red	Missing
22	Red	Drifted
23	Red	Missing
24	Red	
25	Red	
26	Red	
27	Black	External caries
28	Black	Periodontoclasia
29	Black	Periodontoclasia
30	Red	Gold crown
32	Black	Impacted

LOWER CHART

All entries black ink #1—Extracted; #4—External amalgam; #12—Mesial—occlusial—distal amalgam, root canal filling, apicoectomy; #14—Mesial-occlusial amalgam; #18—Extracted; #19—Gold crown; #27—External amalgam

The classification of dental operations and treatments given below are used singly or in combination on the reverse side of the record sheet to describe their nature.

Operation, Condition or Treatment	*Designation*
Abrasion	Abr.
Abscess incised	Ab.I.
Alveolectomy	Al.
Amalgam restoration	Am.
Anesthesia, general	A. G.
Anesthesia, regional	A. R.
Apicoectomy	Ap.
Base (indicate material used, preceding the abbreviation)	B.
Bridge	Br.
Cement base (zinc phosphate or copper cement)	Cem.B.
Cement, permanent (zinc phosphate or copper cements)	Cem.P.
Cement, silicate	Cem.S.
Cement, temporary	Cem.T.
Crown (indicate type in parenthesis)	Cr.( )
Denture, full maxillary	D.F.Max.
Denture, full mandibular	D.F.Man.
Denture, partial maxillary	D.P.Max.
Denture, partial mandibular	D.P.Man.
Disinfectant dressing (root canal treatment; indicate medicament in parenthesis)	D.D.( )
Eugenol	Eug.
Extraction	Ex.
Drain removed	D. R.
Drain inserted	D. I.
Formocresol	F. C.
Gingivitis	Ging.
Gutta percha (temporary stopping)	G. P.
Periodontitis	Pdt.
Pericementitis	Pcm.
Pericoronitis	Pcr.
Prophylaxis, oral	Sc.
Pulp, extirpation	P. E.
Root canals filled (number of canals filled in parenthesis)	R. C. F. ( )
Root canals treated	R. C. T.
Sedative (indicate medicament in parenthesis)	Sed. ( )
Sedative base (indicate material used in parenthesis)	Sed.B. ( )
Silver nitrate	$AgNO_3$
Sterile dressing	Ster.D.
Thymol iodide	T. I.
Treatment	Tr.
Vincent's infection treated	V. I. T.
Radiograph	X. R.
Zinc chloride	ZnCl.
Zinc oxide	ZnO.

Recording of dental treatment in medical history sheets.—Entries of dental treatment are made on medical history sheets when the patient is on the sick list, and when treatment is related to the condition for which the patient is admitted. Such entries are made and signed by the dental officer. Notes concerning conditions of unusual interest and of medical or dental significance may be made when appropriate.

Maintaining dental records.—Great care must be exercised in opening and maintaining dental records since these records offer a possible means of identification, present a record of dental health, and may later serve as a basis for a lawful claim against the government. Each of these factors, however, is based upon the presumption that the dental record has been maintained accurately.

The methods used by dental officers to file the records in their possession may vary, but great care must be exercised in this matter.

In a small activity, where the turnover of personnel is small, a simple alphabetical file may be sufficient. In larger activities, a more complex filing system may be necessary. Regardless of the system used, it is important that the file be up to date at all times.

Arrangements should be made with the personnel office to route all incoming officers and men via the dental office. This will enable the dental officer to compare the dental chart against each man's actual dental condition and make any necessary corrections. It will also enable the dental officer to give appointments where indicated.

Arrangements should also be made to have each man check through the dental office when being transferred. This will reduce the chance that any man might be transferred without his dental record.

Occasionally a man will report to a new station carrying a dental record giving a picture which does not remotely resemble the condition in the man's mouth.

This is usually due to carelessness on the part of someone in the previous command who gave the man the wrong dental record on his transfer. This is very embarrassing to the person responsible and can prove embarrassing to the dental officer at the new command if the error is not detected.

A filing system which recognizes the fact that there may be several men having the same name will usually avoid the error of transferring the wrong record. File numbers and service numbers are useful here. There may be twenty men at a given station with the name "John Jones," but each man will have a different file number or service number.

The practice of verifying the dental record of each new man as he reports for duty will serve to detect errors which may have been committed at previous commands.

The dental record file should be checked at regular intervals, comparing the records on hand with the roster of personnel attached.

If it should be found that a man is attached, but no record is on file in his case, he should be summoned to the dental office and a new record prepared.

When records are on hand, but the men have been transferred, these records must be cleared from the file.

If the new duty stations of the men can be determined, the records should be mailed to the new stations with a letter of transmittal.

If the new stations cannot be determined, the records should be mailed to the Bureau of Medicine and Surgery with a letter of explanation.

Conclusions.—In the foregoing an attempt has been made to define and explain the most important and most frequently encountered problems that may occur to the medical or dental officer in writing medical or dental history and preparing the health record. Obviously it is not possible to cover every detail that will have to be met in daily routine. Special situations will inevitably present themselves from time to time which will require a high degree of initiative and good judgment on the part of the medical or dental officer. When the issues involved are cloudy or are of doubtful nature, reference should always be made to the *Manual of the Medical Department* and all current directives readily available in the *Medical News Letter*. This will enable the inexperienced medical or dental officer to familiarize himself with current regulations and reduce the possibility of errors and irregularities to a minimum. It is of consequence that the weight of competent authority be quoted when a decision of any significance or of doubtful nature is implicated.

To better understand the proper procedure in making entries in the health record the medical or dental officer should make use of *diagnostic nomenclature* and familiarize himself with the Navy's standardized system of classification for diseases and injuries. In this chapter dealing with this subject are excerpts from the *Manual of the Medical Department*. This chapter should be studied and thoroughly digested by all medical and dental personnel. To understand the diagnostic nomenclature is to gain the necessary key to correct procedure in writing medical or dental history and processing health records.

Included in this chapter is a facsimile of the health record from cover to cover. In the compilation of this facsimile an effort has been made to exemplify every possible contingency dealing with the original admission of the patient for diseases or injuries and covering

subsequent disposition which must follow an original admission. Every page or sheet including the abstract has been duplicated. By retaining this complete facsimile of the health record a ready reference will always be available and it is believed that the formality of compiling medical and dental history and processing the health record will be greatly facilitated.

NavMed-F and NavMed-Fa.—The Fa report or card is an individual statistical report of patients which serves to advise the Bureau of each admission, change of status, and discharge from the sick list. It is an essential part of the vital statistics of the Navy. NavMed–F is a copy of the Fa report and is retained in the originating activity for statistical reference purpose.

The data for preparation of the forms is obtained from the health record and from the nomenclature. The individual Fa reports are forwarded to the Bureau of Medicine and Surgery when completed.

An illustration in the use of the Fa Cards, and change of diagnosis.

1. "O" "K" Felt, a white U. S. citizen, born in California on 1 January 1927, was enlisted in the U. S. Navy, as a Ph.M 2/c on 15 November 1944, assigned a service number of 36-23-07, and was transferred to the U. S. Naval Hospital, Blank, Va., from the United States Ship *Matthews,* (AK-179), on 15 December 1946 under a diagnosis of *diagnosis undetermined (catarrhal fever, acute* #2122). Upon receipt at the hospital, he was assigned Case No. 40, 536; patient in Ward "B". All records were received on admission date. (Begin F and Fa Cards with the FT take-up at Naval Hospital, Blank, Va.) See figure 31.

2. On 16 December 1946 the diagnosis was *established* as catarrhal fever, acute, #801. See figure 31.

3. On 19 December 1946 this established diagnosis was changed to *pneumonitis, acute,* #1830, on account of error. See figure 32.

4. On 24 December his diagnosis was changed to *pneumonia, broncho* #811, on account of *complication.* Primary diagnosis: *pneumonitis, acute,* #1830. See figure 33.

5. On 28 December 1946 he fell out of bed, and sustained *fracture, simple, radius, right,* #2531 "G", and diagnosis changed on account of *intercurrent.* See figure 34.

6. On 31 December 1946 the calendar year of 1946 *terminates.* See figure 35.

7. On 5 January 1947, his diagnosis is

1. NAME (IN FULL, SURNAME FIRST): FELT, "O" "K" — SERVICE OR FILE NO.: 336-23-07

2. RACE: White — DATE OF BIRTH: 1-1-27 — PLACE OF BIRTH: Calif.

3. RANK OR RATE: Ph.M.2/c USN — AVIA. STATUS: No — LENGTH OF SERVICE: 2 yr. 1 mo.

4. DIAG. NO.: 2122 — DIAGNOSIS TITLE (NAVY NOMENCLATURE): DIAGNOSIS UNDETERMINED (CATARRHAL FEVER, ACUTE)

5. TAKEN UP AS: FT — DATE: 12-15-46 — DISPOSITION: C — DATE: 12-16-46 — SICK DAYS: 1

6. EPTE?: No — PREVIOUSLY TAKEN UP?: No — DATE: — KEY: — SPECIALTY:

7. PATIENT RECEIVED FROM–: U.S.S. MATTHEWS (AK-179)

8. TRANSFERRED AS A PATIENT TO–:

40,536

9. DIAG. CHANGED (C) — TO–: Catarrhal fever, acute — DIAG. NO.: 801 — ON ACCOUNT OF–: Diagnosis Established

10. (ACD) — DIAG. NO.: — PRIMARY DIAGNOSIS:

11. THIS CARD SENT FROM–: U.S.N. Hospital, Blank, Va.

12. REMARKS:

INDIVIDUAL STATISTICAL REPORT, OF PATIENT NAVMED-FA CARD (REV. 1/45)

IBM 739518 BUREAU COPY

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

LICENSED FOR USE UNDER PATENT 1,772,492

Figure 31.—Fa Card #1.

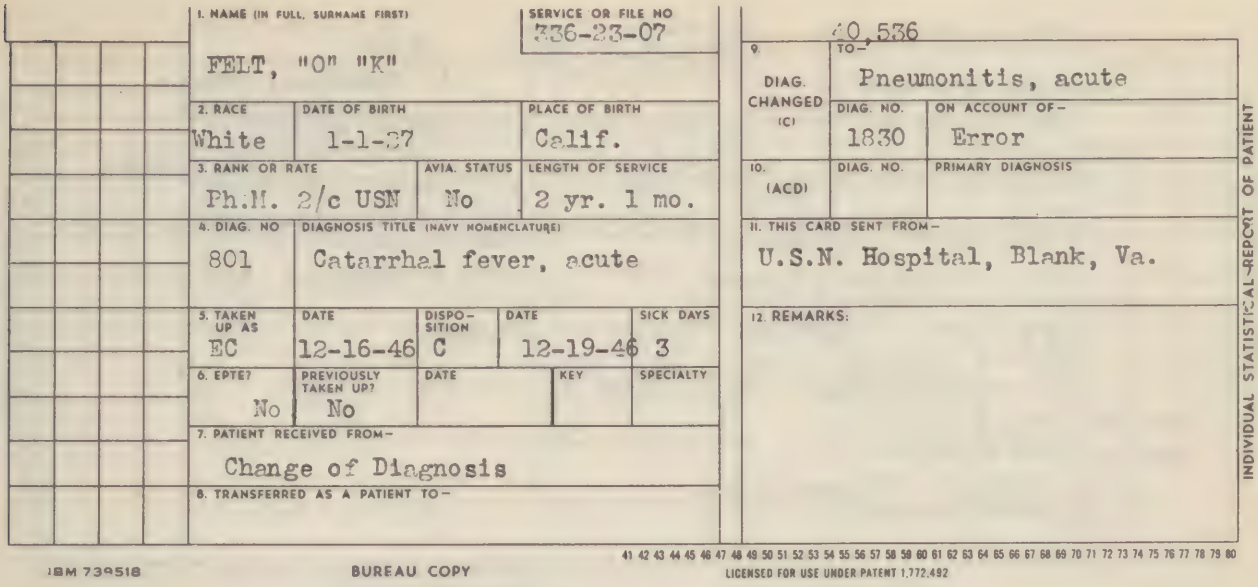


Figure 32.—Fa Card #2.

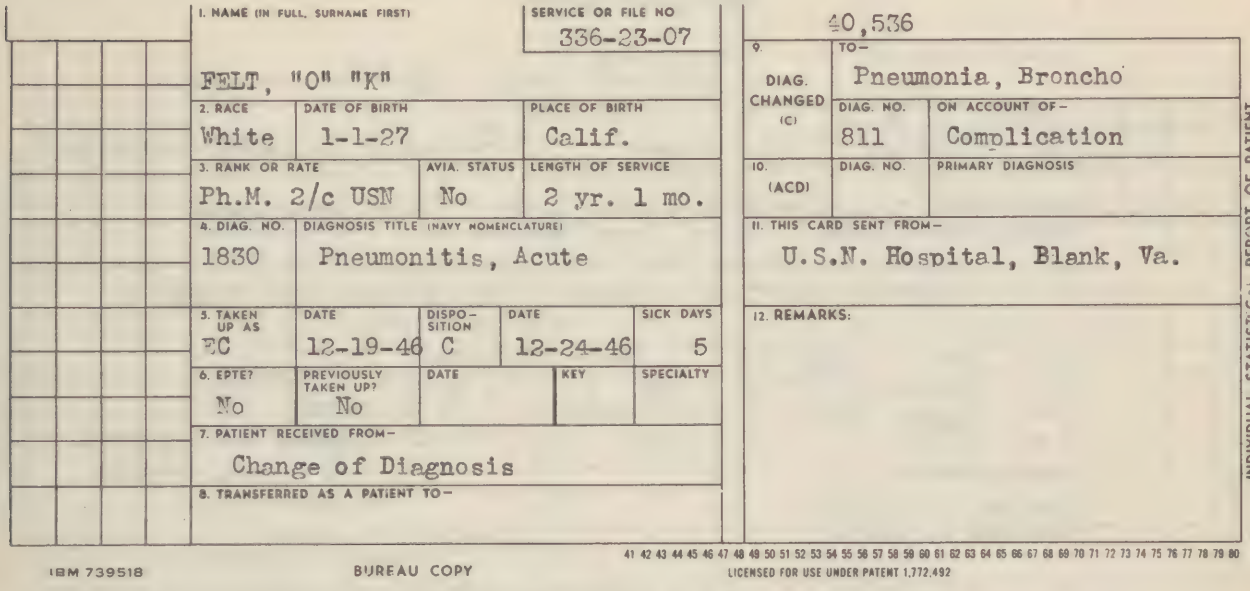


Figure 33.—Fa Card #3.

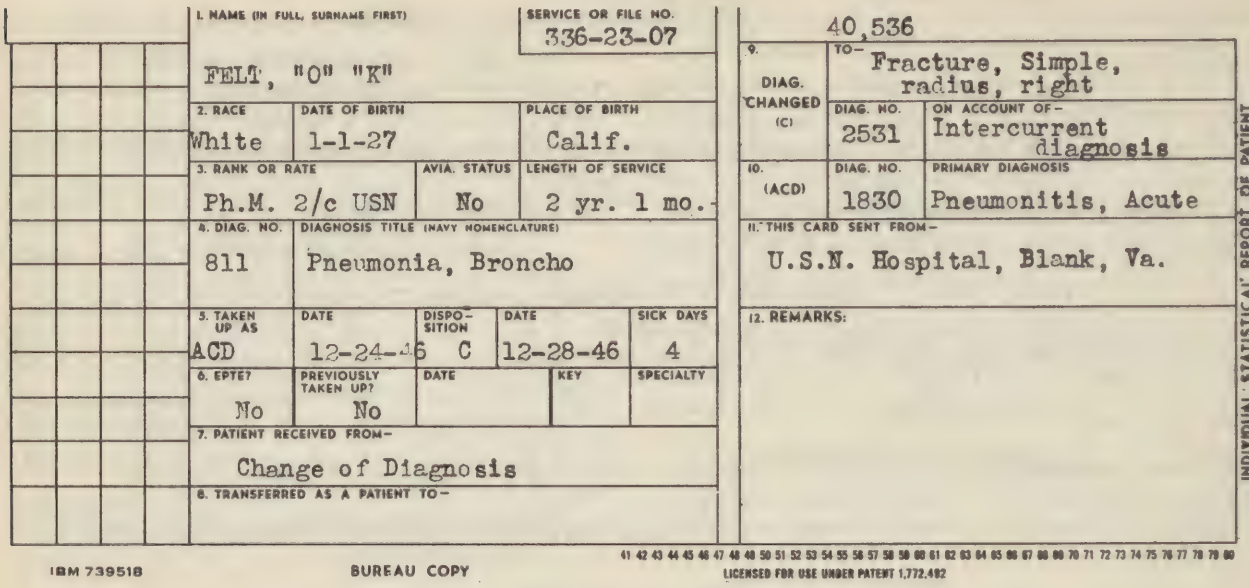
changed on account of return to *former status* to *pneumonia, broncho,* #811, since the fracture no longer makes it necessary for his retention in hospital, but the former diagnosis does. See figure 36.

8. On 15 January 1947 his diagnosis is changed on account of *convalescent leave* to *no disease* (convalescent leave) #2143. He is transferred thereto on the same date. See figures 37 and 38.

9. On 14 February 1947 he returns from convalescent leave. See figure 39.

10. On 15 February 1947 diagnosis is changed to *deformity, acquired, forearm, right,* #2120, on account of *sequela;* primary diagnosis: *fracture, simple, radius, right,* #2531. He is sent to duty same date and assigned to your staff. See figures 39 and 40.

11. On 1 March 1947 he is readmitted (previous history of one sick day, contracted malaria in India) and sent to Ward "F," under a diagnosis of *malaria, quartan,* #1032. He straggles (AWOL) on 6 March 1947, and is



1. NAME (IN FULL, SURNAME FIRST): FELT, "O" "K"
SERVICE OR FILE NO.: 336-23-07
2. RACE: White | DATE OF BIRTH: 1-1-27 | PLACE OF BIRTH: Calif.
3. RANK OR RATE: Ph.M. 2/c USN | AVIA. STATUS: No | LENGTH OF SERVICE: 2 yr. 1 mo.
4. DIAG. NO.: 811 | DIAGNOSIS TITLE (NAVY NOMENCLATURE): Pneumonia, Broncho
5. TAKEN UP AS: ACD | DATE: 12-24-46 | DISPOSITION: C | DATE: 12-28-46 | SICK DAYS: 4
6. EPTE?: No | PREVIOUSLY TAKEN UP?: No | DATE: | KEY: | SPECIALTY:
7. PATIENT RECEIVED FROM: Change of Diagnosis
8. TRANSFERRED AS A PATIENT TO:

40,536
9. DIAG. CHANGED (C) | TO: Fracture, Simple, radius, right | DIAG. NO.: 2531 | ON ACCOUNT OF: Intercurrent diagnosis
10. (ACD) | DIAG. NO.: 1830 | PRIMARY DIAGNOSIS: Pneumonitis, Acute
11. THIS CARD SENT FROM: U.S.N. Hospital, Blank, Va.
12. REMARKS:

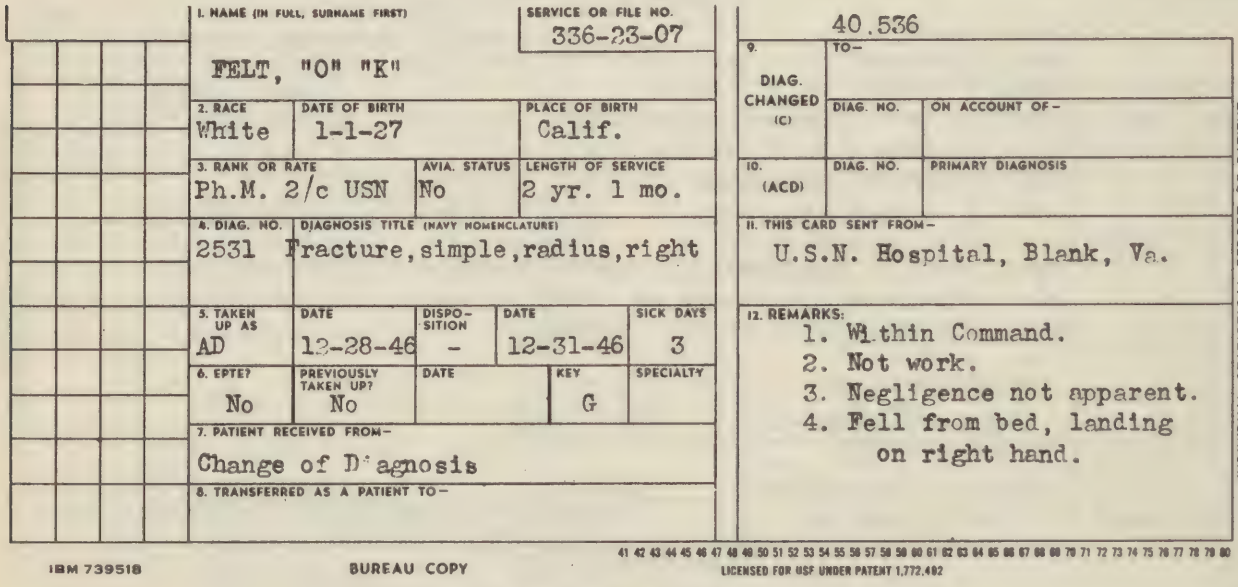
INDIVIDUAL STATISTICAL REPORT OF PATIENT NAVMED-FA CARD (REV. 1/45)

IBM 739518 BUREAU COPY

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

LICENSED FOR USE UNDER PATENT 1,772,492

Figure 34.—Fa Card #4.



1. NAME (IN FULL, SURNAME FIRST): FELT, "O" "K"
SERVICE OR FILE NO.: 336-23-07
2. RACE: White | DATE OF BIRTH: 1-1-27 | PLACE OF BIRTH: Calif.
3. RANK OR RATE: Ph.M. 2/c USN | AVIA. STATUS: No | LENGTH OF SERVICE: 2 yr. 1 mo.
4. DIAG. NO.: 2531 | DIAGNOSIS TITLE (NAVY NOMENCLATURE): Fracture, simple, radius, right
5. TAKEN UP AS: AD | DATE: 12-28-46 | DISPOSITION: - | DATE: 12-31-46 | SICK DAYS: 3
6. EPTE?: No | PREVIOUSLY TAKEN UP?: No | DATE: | KEY: G | SPECIALTY:
7. PATIENT RECEIVED FROM: Change of Diagnosis
8. TRANSFERRED AS A PATIENT TO:

40,536
9. DIAG. CHANGED (C) | TO: | DIAG. NO.: | ON ACCOUNT OF:
10. (ACD) | DIAG. NO.: | PRIMARY DIAGNOSIS:
11. THIS CARD SENT FROM: U.S.N. Hospital, Blank, Va.
12. REMARKS:
1. Within Command.
2. Not work.
3. Negligence not apparent.
4. Fell from bed, landing on right hand.

INDIVIDUAL STATISTICAL REPORT OF PATIENT NAVMED-FA CARD (REV. 1/45)

IBM 739518 BUREAU COPY

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

LICENSED FOR USE UNDER PATENT 1,772,492

Figure 35.—Fa Card #5.

dropped as a deserter on 8 April 1947, as of 6 March 1947—1st day of straggling. Records are forwarded. See figure 41.

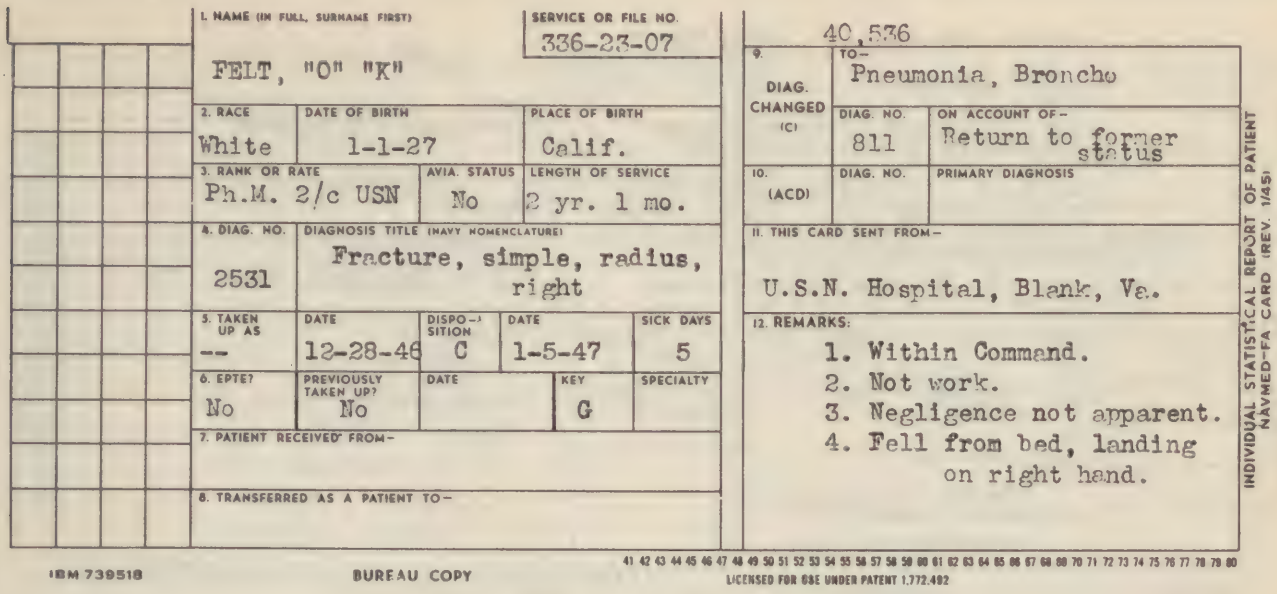
12. On 10 April 1947 he returns from desertion status by reporting to the hospital, and is returned to patient status therein.

13. Prostatic smear made, same date, was positive for GC; diagnosis changed to *gonococcus infection, prostate,* #1214 due to *concurrent.* No previous admission for underlying disability, gonococcus, infection, urethra, which is not now present. Records from S&A, BuPers and BuMed received 14 April 1947. See figure 42.

14. On 15 April 1947 surveyed; diagnosis changed, that date, to *thrombosis, coronary,* #239, on account of *concurrent.*

NOTE.—No previous admission for *thrombosis, coronary,* #239. See figure 43.

15. While awaiting return of survey he be-



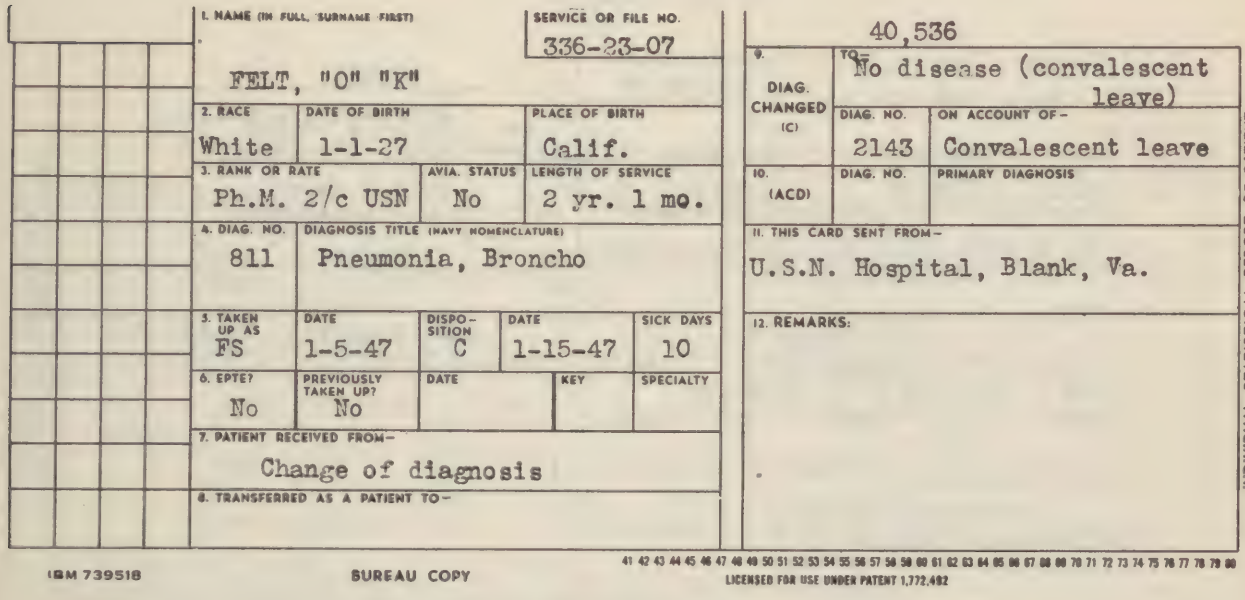
1. NAME (IN FULL, SURNAME FIRST): FELT, "O" "K" — SERVICE OR FILE NO.: 336-23-07
2. RACE: White — DATE OF BIRTH: 1-1-27 — PLACE OF BIRTH: Calif.
3. RANK OR RATE: Ph.M. 2/c USN — AVIA. STATUS: No — LENGTH OF SERVICE: 2 yr. 1 mo.
4. DIAG. NO.: 2531 — DIAGNOSIS TITLE (NAVY NOMENCLATURE): Fracture, simple, radius, right
5. TAKEN UP AS: -- — DATE: 12-28-46 — DISPOSITION: C — DATE: 1-5-47 — SICK DAYS: 5
6. EPTE?: No — PREVIOUSLY TAKEN UP?: No — DATE: — KEY: G — SPECIALTY:
7. PATIENT RECEIVED FROM:
8. TRANSFERRED AS A PATIENT TO:

40,536
9. DIAG. CHANGED (C) — TO: Pneumonia, Broncho — DIAG. NO.: 811 — ON ACCOUNT OF: Return to former status
10. (ACD) — DIAG. NO. — PRIMARY DIAGNOSIS
11. THIS CARD SENT FROM: U.S.N. Hospital, Blank, Va.
12. REMARKS:
1. Within Command.
2. Not work.
3. Negligence not apparent.
4. Fell from bed, landing on right hand.

INDIVIDUAL STATISTICAL REPORT OF PATIENT NAVMED-FA CARD (REV. 1/45)

IBM 739518 BUREAU COPY
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
LICENSED FOR USE UNDER PATENT 1,772,482

Figure 36.—Fa Card #6.



1. NAME (IN FULL, SURNAME FIRST): FELT, "O" "K" — SERVICE OR FILE NO.: 336-23-07
2. RACE: White — DATE OF BIRTH: 1-1-27 — PLACE OF BIRTH: Calif.
3. RANK OR RATE: Ph.M. 2/c USN — AVIA. STATUS: No — LENGTH OF SERVICE: 2 yr. 1 mo.
4. DIAG. NO.: 811 — DIAGNOSIS TITLE (NAVY NOMENCLATURE): Pneumonia, Broncho
5. TAKEN UP AS: FS — DATE: 1-5-47 — DISPOSITION: C — DATE: 1-15-47 — SICK DAYS: 10
6. EPTE?: No — PREVIOUSLY TAKEN UP?: No — DATE: — KEY: — SPECIALTY:
7. PATIENT RECEIVED FROM: Change of diagnosis
8. TRANSFERRED AS A PATIENT TO:

40,536
9. DIAG. CHANGED (C) — TO: No disease (convalescent leave) — DIAG. NO.: 2143 — ON ACCOUNT OF: Convalescent leave
10. (ACD) — DIAG. NO. — PRIMARY DIAGNOSIS
11. THIS CARD SENT FROM: U.S.N. Hospital, Blank, Va.
12. REMARKS:

INDIVIDUAL STATISTICAL REPORT OF PATIENT NAVMED-FA CARD (REV. 1/45)

IBM 739518 BUREAU COPY
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
LICENSED FOR USE UNDER PATENT 1,772,482

Figure 37.—Fa Card #7.

gins 25 days convalescent leave on 1 May 1947. See figure 44.

16. BuPers accepts fact that Felt has been hospitalized for long periods prior to entry in naval service for "heart disease." Upon return (24 May 1947), the action copy of Medical Survey (NavMed-M carries the following endorsement by BuPers: "Approved for discharge by reason of physical disability incurred prior to entry in the naval service. No disciplinary action shall be taken against Felt for unauthorized absence beginning 6 March 1947." Administratively, on 26 May 1947, completes convalescent leave. See figures 45 and 46.

17. On 26 May 1947, he is IS'd from the naval service. Future address: 165 Bleacher Street, Norfolk, Va. See figure 47.

18. His discharge papers are completed on 26 May 1946. On that date he walks into the record office, and since he is present, his discharge and notice of separation from the serv-

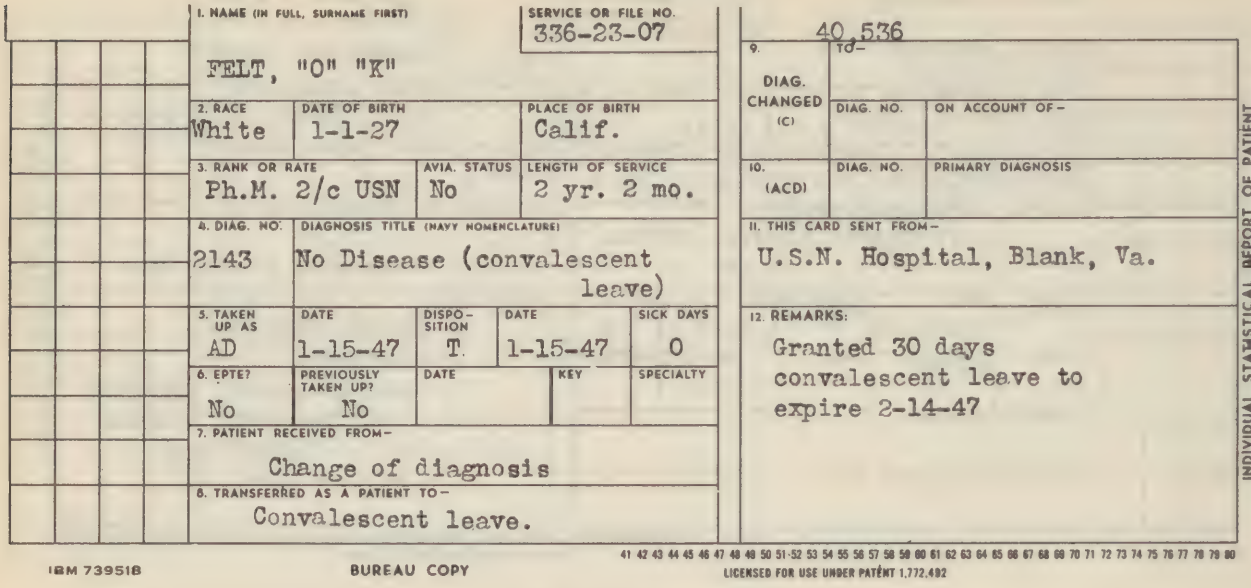


Figure 38.—Fa Card #8.

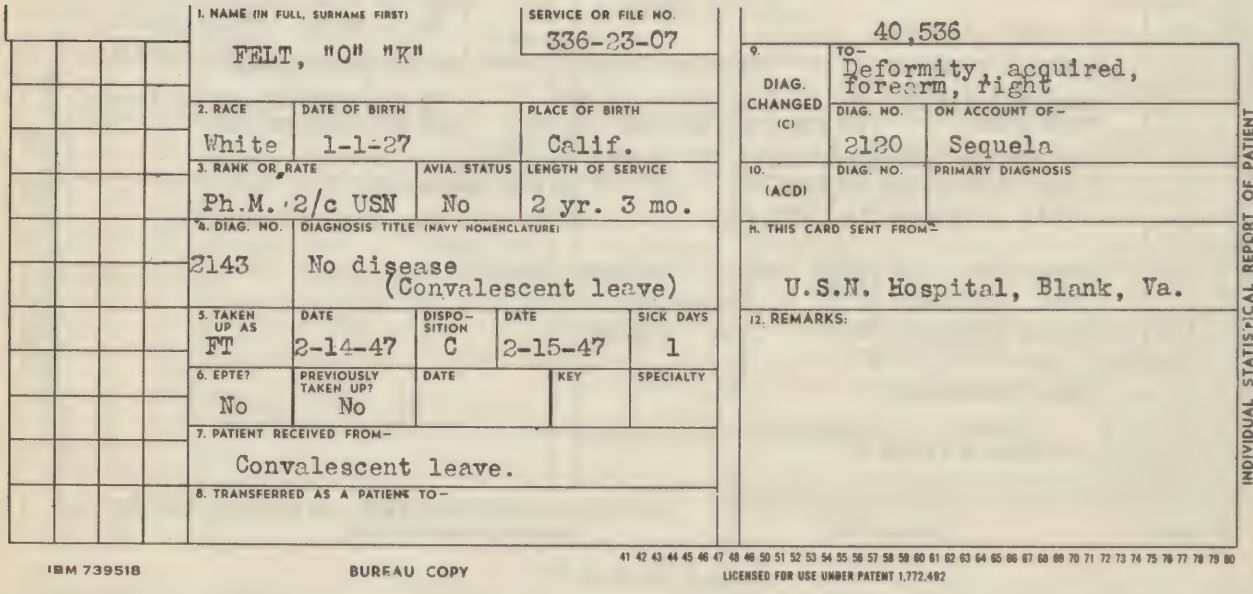
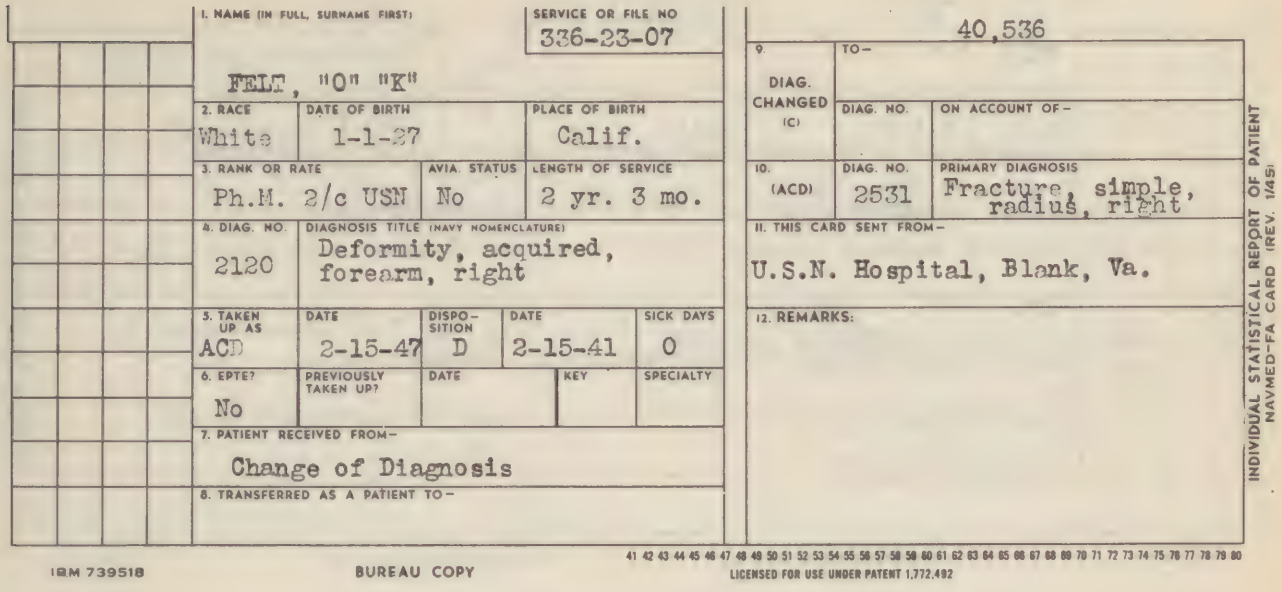


Figure 39.—Fa Card #9.

ice are delivered to him. He mails the former to his mother and retains the latter. While bidding the commanding officer adios, he suffers a heart attack, and the commanding officer orders his admission as a supernumerary patient, Ex-Ph.M. 2/c, U.S.N.; diagnosis Thrombosis, Coronary, #239. Assigned Case No. 49,471.

19. On 28 May 1947, he dies at 0415. See figure 48.

The "F" card is the file copy of the Fa card and these two cards are almost identical. On Fa cards numbers 12 through 17 the word "staff" is typed on the file copy ("F" card) only. This is done to aid in tabulating information for the monthly morbidity report.



1. NAME (IN FULL, SURNAME FIRST): FELT, "O" "K"
SERVICE OR FILE NO: 336-23-07
2. RACE: White | DATE OF BIRTH: 1-1-27 | PLACE OF BIRTH: Calif.
3. RANK OR RATE: Ph.M. 2/c USN | AVIA. STATUS: No | LENGTH OF SERVICE: 2 yr. 3 mo.
4. DIAG. NO.: 2120 | DIAGNOSIS TITLE (NAVY NOMENCLATURE): Deformity, acquired, forearm, right
5. TAKEN UP AS: ACD | DATE: 2-15-47 | DISPOSITION: D | DATE: 2-15-41 | SICK DAYS: 0
6. EPTE?: No | PREVIOUSLY TAKEN UP? | DATE | KEY | SPECIALTY
7. PATIENT RECEIVED FROM: Change of Diagnosis
8. TRANSFERRED AS A PATIENT TO:

40,536
9. DIAG. CHANGED (C) | TO- | DIAG. NO. | ON ACCOUNT OF-
10. (ACD) | DIAG. NO.: 2531 | PRIMARY DIAGNOSIS: Fracture, simple, radius, right
11. THIS CARD SENT FROM: U.S.N. Hospital, Blank, Va.
12. REMARKS:

INDIVIDUAL STATISTICAL REPORT OF PATIENT NAVMED-FA CARD (REV. 1/45)

IBM 739518 BUREAU COPY

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

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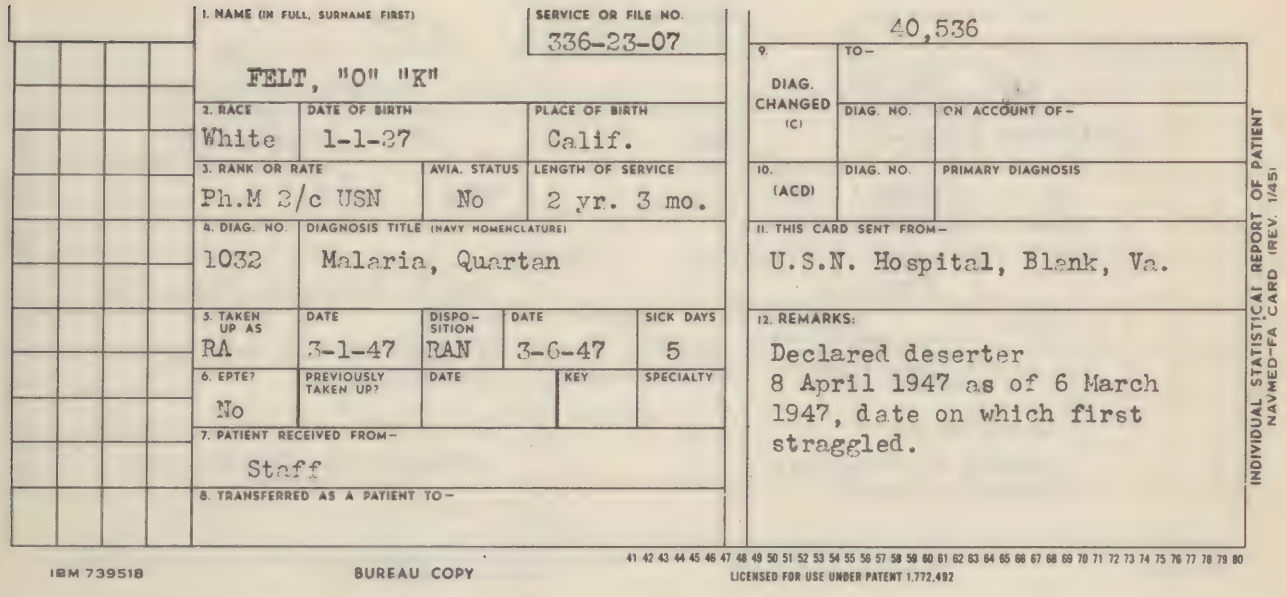
Figure 40.—Fa Card #10.



1. NAME (IN FULL, SURNAME FIRST): FELT, "O" "K"
SERVICE OR FILE NO.: 336-23-07
2. RACE: White | DATE OF BIRTH: 1-1-27 | PLACE OF BIRTH: Calif.
3. RANK OR RATE: Ph.M 2/c USN | AVIA. STATUS: No | LENGTH OF SERVICE: 2 yr. 3 mo.
4. DIAG. NO.: 1032 | DIAGNOSIS TITLE (NAVY NOMENCLATURE): Malaria, Quartan
5. TAKEN UP AS: RA | DATE: 3-1-47 | DISPOSITION: RAN | DATE: 3-6-47 | SICK DAYS: 5
6. EPTE?: No | PREVIOUSLY TAKEN UP? | DATE | KEY | SPECIALTY
7. PATIENT RECEIVED FROM: Staff
8. TRANSFERRED AS A PATIENT TO:

40,536
9. DIAG. CHANGED (C) | TO- | DIAG. NO. | ON ACCOUNT OF-
10. (ACD) | DIAG. NO. | PRIMARY DIAGNOSIS
11. THIS CARD SENT FROM: U.S.N. Hospital, Blank, Va.
12. REMARKS: Declared deserter 8 April 1947 as of 6 March 1947, date on which first straggled.

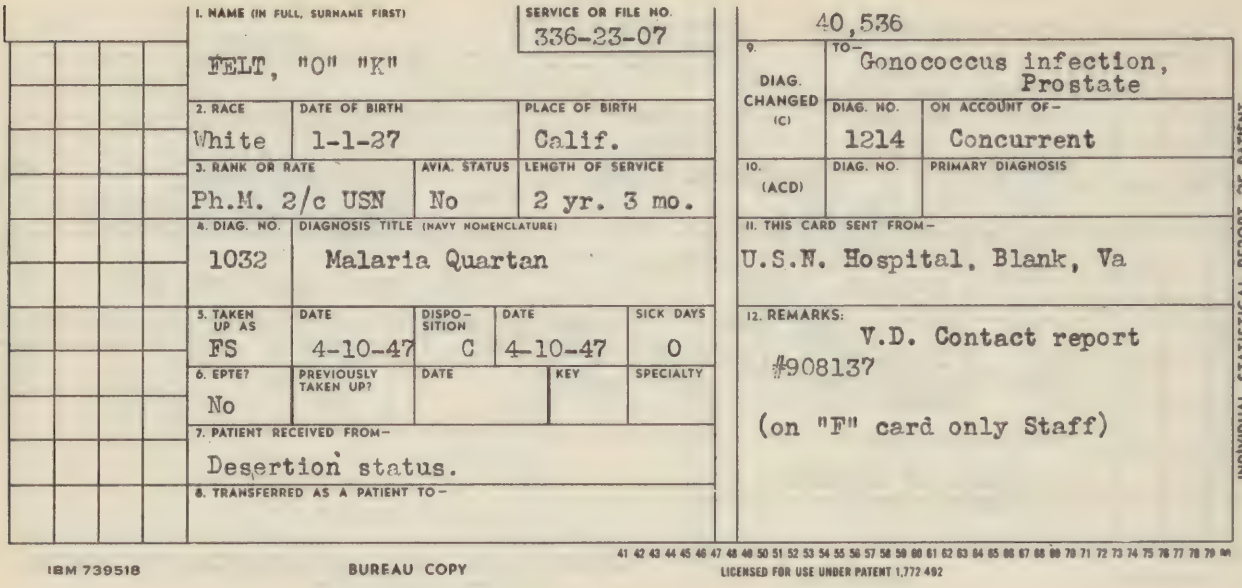
INDIVIDUAL STATISTICAL REPORT OF PATIENT NAVMED-FA CARD (REV. 1/45)

IBM 739518 BUREAU COPY

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

LICENSED FOR USE UNDER PATENT 1,772,492

Figure 41.—Fa Card #11.



1. NAME (IN FULL, SURNAME FIRST): FELT, "O" "K"
SERVICE OR FILE NO.: 336-23-07
2. RACE: White | DATE OF BIRTH: 1-1-27 | PLACE OF BIRTH: Calif.
3. RANK OR RATE: Ph.M. 2/c USN | AVIA. STATUS: No | LENGTH OF SERVICE: 2 yr. 3 mo.
4. DIAG. NO.: 1032 | DIAGNOSIS TITLE (NAVY NOMENCLATURE): Malaria Quartan
5. TAKEN UP AS: FS | DATE: 4-10-47 | DISPOSITION: C | DATE: 4-10-47 | SICK DAYS: 0
6. EPTE?: No | PREVIOUSLY TAKEN UP? | DATE | KEY | SPECIALTY
7. PATIENT RECEIVED FROM: Desertion status.
8. TRANSFERRED AS A PATIENT TO-

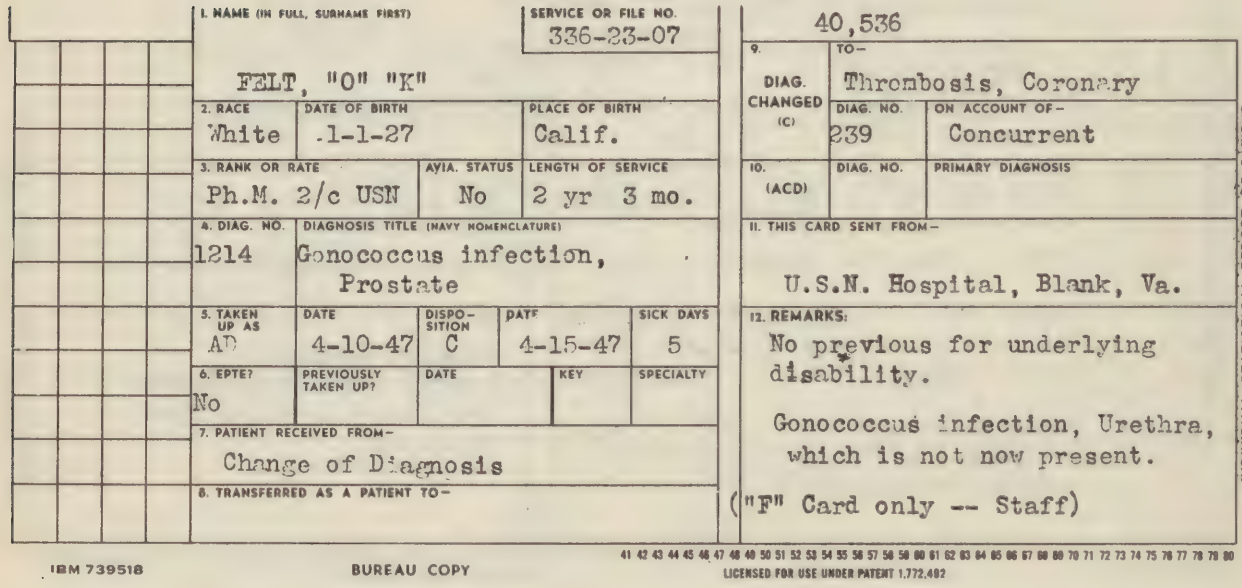
40,536
9. DIAG. CHANGED (C) | TO-: Gonococcus infection, Prostate | DIAG. NO.: 1214 | ON ACCOUNT OF-: Concurrent
10. (ACD) | DIAG. NO. | PRIMARY DIAGNOSIS
11. THIS CARD SENT FROM-: U.S.N. Hospital, Blank, Va
12. REMARKS: V.D. Contact report #908137
(on "F" card only Staff)

INDIVIDUAL STATISTICAL REPORT OF PATIENT NAVMED-FA CARD (REV. 1-45)

IBM 739518 BUREAU COPY

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
LICENSED FOR USE UNDER PATENT 1,772,492

Figure 42.—Fa Card #12.



1. NAME (IN FULL, SURNAME FIRST): FELT, "O" "K"
SERVICE OR FILE NO.: 336-23-07
2. RACE: White | DATE OF BIRTH: 1-1-27 | PLACE OF BIRTH: Calif.
3. RANK OR RATE: Ph.M. 2/c USN | AVIA. STATUS: No | LENGTH OF SERVICE: 2 yr 3 mo.
4. DIAG. NO.: 1214 | DIAGNOSIS TITLE (NAVY NOMENCLATURE): Gonococcus infection, Prostate
5. TAKEN UP AS: AD | DATE: 4-10-47 | DISPOSITION: C | DATE: 4-15-47 | SICK DAYS: 5
6. EPTE?: No | PREVIOUSLY TAKEN UP? | DATE | KEY | SPECIALTY
7. PATIENT RECEIVED FROM: Change of Diagnosis
8. TRANSFERRED AS A PATIENT TO-

40,536
9. DIAG. CHANGED (C) | TO-: Thrombosis, Coronary | DIAG. NO.: 239 | ON ACCOUNT OF-: Concurrent
10. (ACD) | DIAG. NO. | PRIMARY DIAGNOSIS
11. THIS CARD SENT FROM-: U.S.N. Hospital, Blank, Va.
12. REMARKS: No previous for underlying disability.
Gonococcus infection, Urethra, which is not now present.
("F" Card only -- Staff)

INDIVIDUAL STATISTICAL REPORT OF PATIENT NAVMED-FA CARD (REV. 1-45)

IBM 739518 BUREAU COPY

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
LICENSED FOR USE UNDER PATENT 1,772,492

Figure 43.—Fa Card #13.

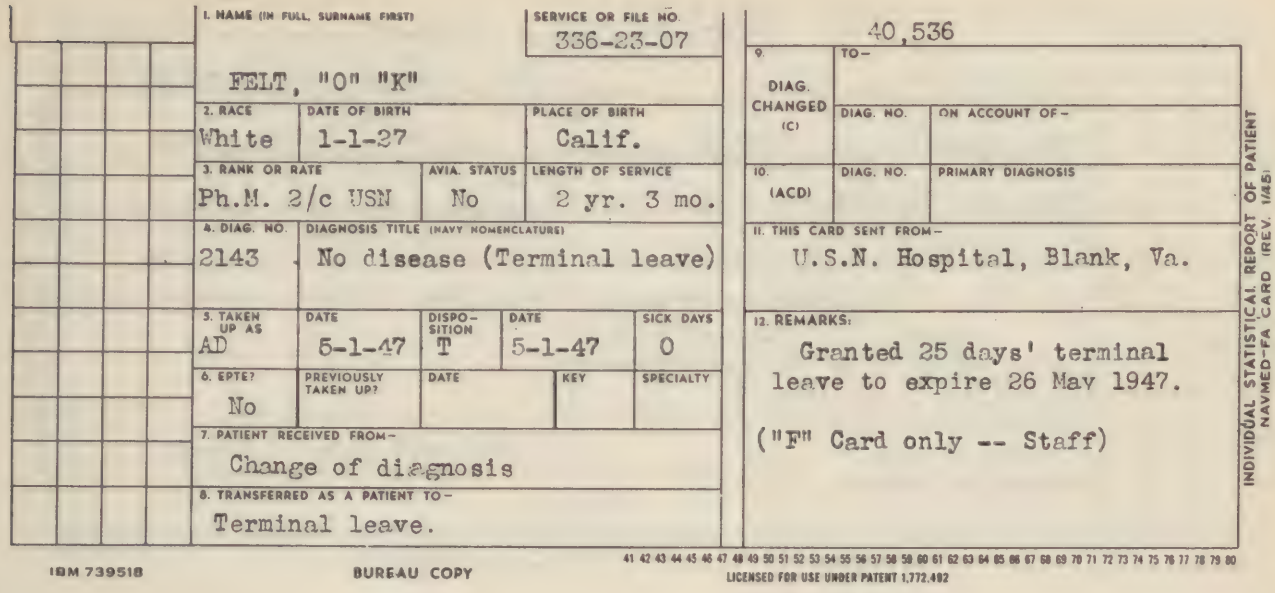


Figure 44.—Fa Card #14.

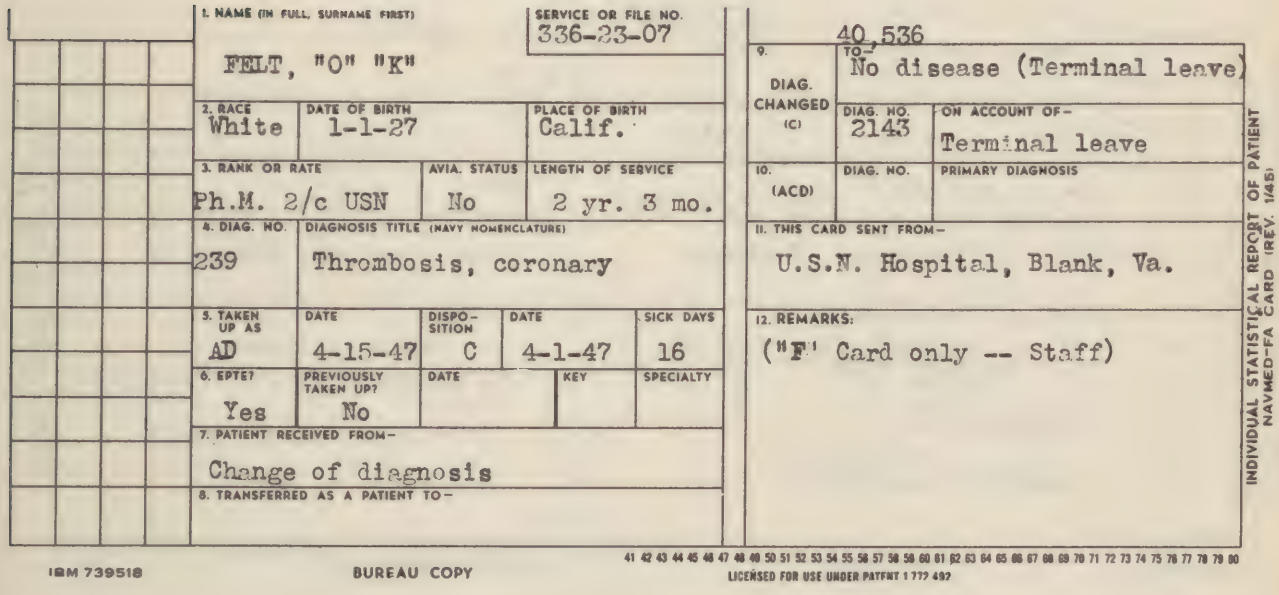
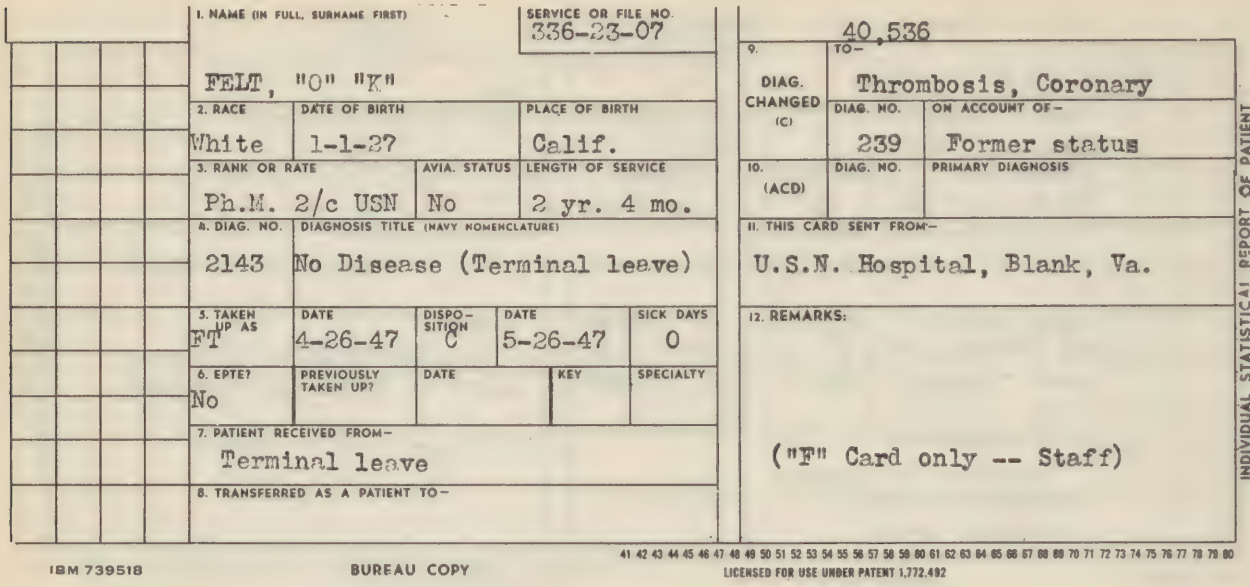


Figure 45.—Fa Card #15.



1. NAME (IN FULL, SURNAME FIRST): FELT, "O" "K" — SERVICE OR FILE NO.: 336-23-07
2. RACE: White — DATE OF BIRTH: 1-1-27 — PLACE OF BIRTH: Calif.
3. RANK OR RATE: Ph.M. 2/c USN — AVIA. STATUS: No — LENGTH OF SERVICE: 2 yr. 4 mo.
4. DIAG. NO.: 2143 — DIAGNOSIS TITLE (NAVY NOMENCLATURE): No Disease (Terminal leave)
5. TAKEN UP AS: FT — DATE: 4-26-47 — DISPOSITION: C — DATE: 5-26-47 — SICK DAYS: 0
6. EPTE?: No — PREVIOUSLY TAKEN UP? — DATE — KEY — SPECIALTY
7. PATIENT RECEIVED FROM: Terminal leave
8. TRANSFERRED AS A PATIENT TO:

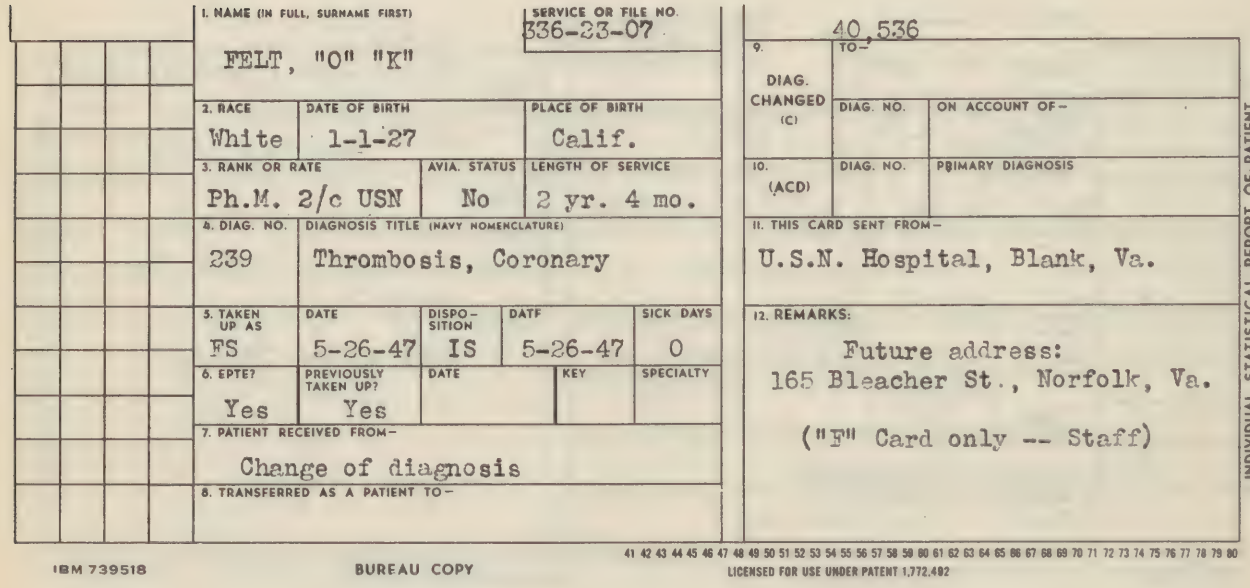
40,536
9. DIAG. CHANGED (C) — TO: Thrombosis, Coronary — DIAG. NO.: 239 — ON ACCOUNT OF: Former status
10. (ACD) — DIAG. NO. — PRIMARY DIAGNOSIS
11. THIS CARD SENT FROM: U.S.N. Hospital, Blank, Va.
12. REMARKS: ("F" Card only -- Staff)

INDIVIDUAL STATISTICAL REPORT OF PATIENT NAVMED-FA CARD (REV. 1/45)

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

IBM 739518 BUREAU COPY LICENSED FOR USE UNDER PATENT 1,772,492

Figure 46.—Fa Card #16.



1. NAME (IN FULL, SURNAME FIRST): FELT, "O" "K" — SERVICE OR FILE NO.: 336-23-07
2. RACE: White — DATE OF BIRTH: 1-1-27 — PLACE OF BIRTH: Calif.
3. RANK OR RATE: Ph.M. 2/c USN — AVIA. STATUS: No — LENGTH OF SERVICE: 2 yr. 4 mo.
4. DIAG. NO.: 239 — DIAGNOSIS TITLE (NAVY NOMENCLATURE): Thrombosis, Coronary
5. TAKEN UP AS: FS — DATE: 5-26-47 — DISPOSITION: IS — DATE: 5-26-47 — SICK DAYS: 0
6. EPTE?: Yes — PREVIOUSLY TAKEN UP?: Yes — DATE — KEY — SPECIALTY
7. PATIENT RECEIVED FROM: Change of diagnosis
8. TRANSFERRED AS A PATIENT TO:

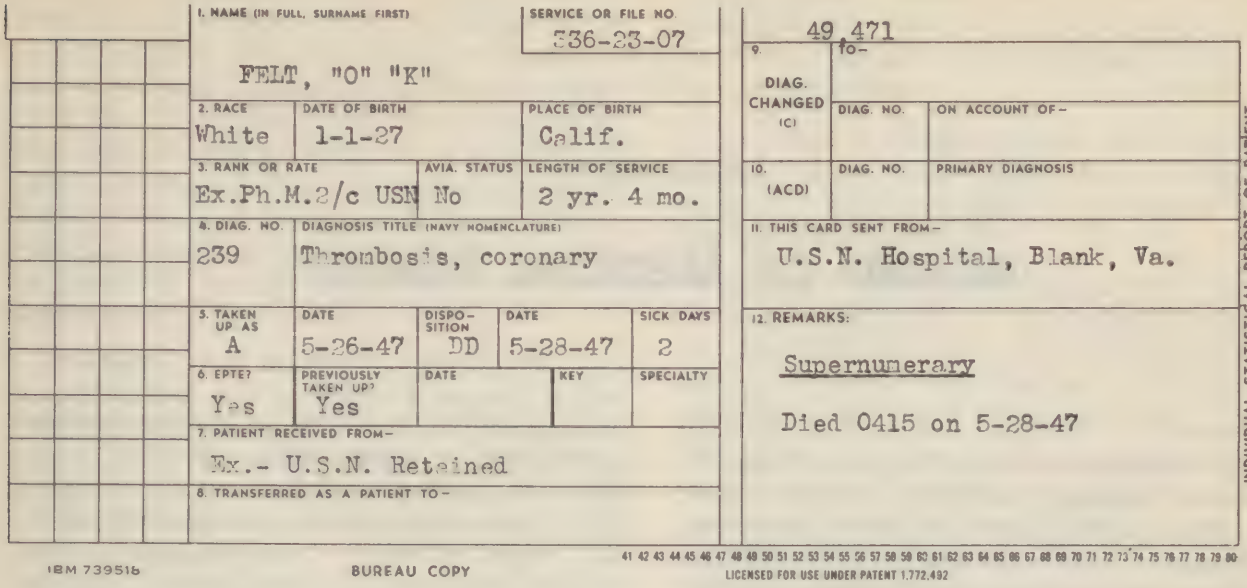
40,536
9. DIAG. CHANGED (C) — TO: — DIAG. NO. — ON ACCOUNT OF:
10. (ACD) — DIAG. NO. — PRIMARY DIAGNOSIS
11. THIS CARD SENT FROM: U.S.N. Hospital, Blank, Va.
12. REMARKS: Future address: 165 Bleacher St., Norfolk, Va. ("F" Card only -- Staff)

INDIVIDUAL STATISTICAL REPORT OF PATIENT NAVMED-FA CARD (REV. 1/45)

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

IBM 739518 BUREAU COPY LICENSED FOR USE UNDER PATENT 1,772,492

Figure 47.—Fa Card #17.



1. NAME (IN FULL, SURNAME FIRST): FELT, "O" "K"
SERVICE OR FILE NO.: 336-23-07
49 471
2. RACE: White
DATE OF BIRTH: 1-1-27
PLACE OF BIRTH: Calif.
3. RANK OR RATE: Ex.Ph.M.2/c USN
AVIA. STATUS: No
LENGTH OF SERVICE: 2 yr. 4 mo.
4. DIAG. NO.: 239
DIAGNOSIS TITLE (NAVY NOMENCLATURE): Thrombosis, coronary
5. TAKEN UP AS: A
DATE: 5-26-47
DISPOSITION: DD
DATE: 5-28-47
SICK DAYS: 2
6. EPTE? Yes
PREVIOUSLY TAKEN UP? Yes
DATE:
KEY:
SPECIALTY:
7. PATIENT RECEIVED FROM— Ex.- U.S.N. Retained
8. TRANSFERRED AS A PATIENT TO—
9. DIAG. CHANGED (C) TO—
DIAG. NO.:
ON ACCOUNT OF—
10. (ACD)
DIAG. NO.:
PRIMARY DIAGNOSIS:
11. THIS CARD SENT FROM— U.S.N. Hospital, Blank, Va.
12. REMARKS: Supernumerary
Died 0415 on 5-28-47
INDIVIDUAL STATISTICAL REPORT OF PATIENT
NAVMED-FA CARD (REV. 1-45)
IBM 739516
BUREAU COPY
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80
LICENSED FOR USE UNDER PATENT 1,772,492

Figure 48.—Fa Card #18.

CHAPTER 9

BOARD OF MEDICAL SURVEY

General.—A board of medical survey is an administrative board by which the Navy Department obtains a considered opinion regarding the physical fitness of naval personnel. There are no specific statutes or administrative holdings prescribing the procedure to be followed by boards of medical survey. Hence, meetings and proceedings may be conducted informally, and it is not required that the information upon which the findings of such boards are based meet standards of admissibility as evidence in a judicial proceeding. In view of the fact that information contained in reports of medical survey may, however, play an important role in determining the rights of an individual to such benefits as pensions, retirement, compensation, promotion, income tax exemptions, death gratuity, and civil service preference, it is imperative that all available information concerning the origin, nature, conduct status, and the aggravation by service of a disability be included in the board's report. This information should be presented in a clear, concise, and orderly manner and should include sufficient information concerning the present condition of the patient to justify fully the disposition recommended by the board of medical survey.

Medical officers appointed as members of a board of medical survey should refer to the *Manual of the Medical Department* as a guide and for method of procedure.

Some helpful hints are outlined herewith:

A board of medical survey is composed of three medical officers assembled, and authorized to act as such, in cases of *patients*, through a precept issued by the commander of a fleet, force, squadron, or flotilla, or the commandant, commander or commanding officer of an activity of a shore establishment (see *Navy Regs.*) and whose written instrument is known as a report of board of medical survey when properly rendered. If impracticable for three members, two may act or, in an emergency, one may act.

In the following presentation of facts relative to medical surveys and other data, the terms "officers" and "enlisted men" shall be construed to apply to male and/or female *patients* of the Navy, U. S. Marine Corps, or U. S. Coast Guard, unless otherwise specified.

Members of the board of medical survey must be authorized in the precept issued by the commandant and on file at the hospital; otherwise they cannot legally sign as members on a report of board of medical survey. Likewise, a similar condition applies to members of a board of medical examiners rendering a report of physical examination.

Although not considered mandatory, but to make for greater fairness to the patient and add to the efficiency of the hospital, it is felt that the three members of the board should consist of the chief of the service concerned, the ward medical officer concerned, and the consultant for the type case being surveyed. Preliminary report of the board of medical survey, after the initial hearing and examination of the patient by the three members assembled, and in the presence of each other, shall be submitted to the executive officer for preliminary approval. If approved, the medical survey writer shall type the smooth report, numbering the copies as necessary. Entry is

made in the medical survey ledger and the smooth report sent to the senior member of the board, in order that all members may sign the report and that it may be read to the patient at a final meeting of the board assembled. However, the report shall not be read to the patient in the event he is considered mentally incompetent, or in case the possession of information concerning the nature of his disability is considered by the board as likely to be detrimental to his health.

The report shall be sent to the executive officer (if authorized to approve reports of the board of medical survey for the commanding officer). The executive officer transmits the report to the personnel-record officer for compliance and information. Entry is made on the patient's muster card.

Orders are issued to discharge the enlisted patient to duty the next day if the recommendation of the board is "limited duty." A copy of these orders is appended to the report and forwarded in quadruplicate to the Bureau of Medicine and Surgery for approval and subsequent transmittal to the Bureau of Naval Personnel, Commandant, U. S. Marine Corps, or Commandant, U. S. Coast Guard, as may be proper for the case concerned. Finally, the bureau concerned returns a copy of the report to the hospital for action, or NavMed-494 for information.

Transfer to a special hospital, if any, of patients who are recommended for "discharge from the Service" will be arranged by the personnel records officer as soon as practicable after the report has been forwarded to the Bureau of Medicine and Surgery, if for Bureau's final action; such procedure will make beds available for sick patients.

Officers recommended for "return to duty" or "limited duty" are reported to the commandant by the personnel officer as *available for temporary duty orders.* Male officers, not authorized to subsist out, who are recommended for "appearance before retiring board" or "return to inactive status and subsequent discharge from the naval service" shall be transferred to a U. S. Naval special hospital.

Male officers authorized to subsist out, and female officers whose reports show these recommendations, shall be retained at the hospital until the bureau or commandant concerned directs otherwise.

No officer or enlisted man of the Navy, Marine Corps or Coast Guard shall be brought before a board of medical survey before being admitted to the sick list.

Reports of boards of medical survey in which "further treatment" is recommended should be closely studied before submission, since such surveys have a vital bearing on subsequent surveys or a resurvey of the same case.

When a report of a board of medical survey covers an injury case, or a poisoning case due to suicidal or homicidal intent or enemy action, the key letter, and specialty letter, if any, shall be stated. The circumstances of occurrence as listed in the medical history of the health record shall be listed under appropriate headings.

Officers shall be brought before a board of medical survey, prior to disposition of their cases, for any one of many reasons, among which the following are quoted for information:

1. If evacuated, or to be evacuated, from overseas.

2. If detached from transferring activity, and attached to hospital to continue treatment by Bureau of Personnel orders.

3. If ordered to hospital for medical survey by Bureau of Personnel orders.

4. If admitted from convalescent leave.

5. If admitted from sick leave.

6. If admitted from another hospital.

7. If on sick list for 2 months. Again at each increment expiration.

8. If previously surveyed for further treatment.

9. If physically disqualified to perform duties of his rank or grade at sea and on service.

10. If desirable to: (a) obtain decision regarding fitness for duty; (b) obtain opinion as to the nature of a case; (c) establish the origin of a disability.

11. If hospitalized for a severe or possibly incapacitating condition or disability which may militate against his chances of selection for promotion. (In accordance with the *Manual of the Medical Department* "officers who have had a major operation, or who have suffered from mental or nervous disturbance, severe constitutional condition, or other severe condition or disease, and especially those suffering from injury, are particularly to be considered.")

12. If sick leave is considered necessary from the medical or surgical standpoint, and to re-evaluate patient's condition at expiration thereof.

13. If necessary from medical or surgical standpoint to limit subsequent duties.

14. If necessary to remove previously approved limitations of duty following complete recovery.

15. If necessary from medical or surgical standpoint to effect transfer to a naval hospital, located outside of local naval district, at Government expense.

16. If retirement for physical disability, incident to the service, is deemed necessary.

17. If return to inactive status and subsequent discharge from the service for physical disability, not incident to the service, is deemed necessary.

18. If transfer to Veterans' Administration facility with subsequent discharge from the service or retirement therefrom is deemed necessary.

19. Par. 2116.3 *MMD for Nurses*, and par. 2110 *MMD for Officers:* (Not qualified for release, active duty, or discharge).

20. If repatriates with no disease, but unsuited for naval serve.

21. On refusal to allow diagnostic, medical, dental, or surgical procedure.

Report of board of medical survey may recommend "1, 2, or 3 months sick leave." Upon approval of the medical survey by the Bureau of Personnel or the Commandant of the Marine Corps, the Bureau of Personnel or Commandant of the Marine Corps issues orders to the officer detaching him to sick leave for a specified period. The F and Fa cards shall be closed as a "transfer to sick leave."

Upon the officer's return to the hospital, he shall be taken up (FT) under the same diagnosis with which he was previously on the sick list before being detached to "sick leave," and immediately brought before a board of medical survey. He cannot be sent to duty without appearing before a board of medical survey.

When it is determined, by proper authority, that an officer who was not ordered to the hospital for a medical survey must be brought before a board of medical survey to recommend proper disposition—which must be other than regular duty in his case—the personnel-record officer shall be notified to that effect, in order that the Bureau of Personnel may be requested to transfer the officer to the hospital to continue treatment and to direct submission of subsequent report of board of medical survey.

This procedure, which detaches the officer from his original activity and creates a vacancy, enables the Bureau of Personnel to accomplish immediate needed replacement and to effect transfer to his pay record. This procedure is unnecessary if the officer has been evacuated from overseas by orders.

Report of board of medical survey, in case of a Navy or Marine Corps aviator, officer as well as enlisted personnel, shall be forwarded in quintuplicate to the Bureau of Medicine and Surgery via the commanding officer of the air activity located nearest to hospital. If indicated by the board of medical survey, a letter request to the air activity for an aviation physical examination should accompany the individual concerned.

Report and recommendation are prepared on the regular form, as "to fitness to resume unrestricted flying, limited flight duties, flying with a co-pilot for a specified time, ground duties for a period of time, or such other specific recommendation as the facts and circumstances indicate."

Such report, in quadruplicate, must be attached to report of board of medical survey, and forwarded to the Bureau of Personnel or the Commandant, U. S. Marine Corps via the Bureau of Medicine and Surgery.

When the report of the board of medical survey recommends that an officer "appear before a retiring board," a letter shall be attached to the report in which the officer states his desire to (or not to) waive his statutory rights to appear in person.

Once an officer has had a report of board of medical survey approved to appear before a retiring board, further appearance before a board of medical survey is improper despite a period of continuance on sick list.

Report of board of medical survey *shall not* recommend "appearance before Naval retiring board" (for any reason) in the case of an acting assistant surgeon with rank of lieutenant (jg), since the *only* retirement law existent for these officers was enacted in 1935 and specifically relates to retirement upon reaching the age of 70 years. The board in such cases should recommend "termination of appointment" (if USN) or "release from active duty" (if USNR), "and subsequent discharge from U. S. Naval Service" (in both cases) provided further treatment is unnecessary. Otherwise the board should recommend "transfer to Veterans' Administration facility" (and subsequent discharge from U. S. Naval Service), or "transfer to specific U. S. naval hospital for further treatment and subsequent disposition."

In case of a temporary officer, whose permanent status is as a retired enlisted man who was retired for physical disability, and who is now not physically qualified for further active duty, the board of medical survey should recommend "revocation of appointment and subsequent return to retired inactive enlisted status."

In case of an officer: EPTE case not aggravated by service, board of medical survey should recommend "release from active duty and subsequent discharge from U. S. Naval Service"; "NEPTE" recommendation should be: "appear before retiring board," provided the officer is not a permanent enlisted man already retired for physical disability or an acting assistant surgeon with the rank of lieutenant (jg).

The term "existed prior to enlistment" (EPTE) is synonomous to "existed prior to appointment" in the case of an officer. Aggravation by service renders an EPTE case subject to the benefits of retirement laws, provided disability was not waived on appointment or its entirety was *not* due to a natural and probable development or progression of the disease or injury irrespective of active duty.

Report of board of medical survey on officers serving in temporary ranks shall fix as near as possible the date of appearance of first lesion or of symptom of disability, together with information giving dates of promotion before and after such appearance, in order that the reviewing bureaus may determine rank in which officer was serving when disability manifested itself.

Officers who are physically qualified to perform all their duties at sea except as conditioned or limited by results of wounds, as distinguished from surgical wounds, are to be considered physically qualified for promotion.

Enlisted men shall be brought before a board of medical survey, prior to disposition of their cases, for any one of many reasons—among which the following are quoted for information:

1. If evacuated from overseas with a serious diagnosis which his present medical officer does not agree is existent; and patient is not in need of further hospitalization.

2. If ordered to hospital for medical survey by the Bureau of Personnel.

3. If ordered to hospital for medical survey by the Bureau of Medicine and Surgery.

4. If ordered to hospital for medical survey by commandant.

5. If ordered to hospital for medical survey by other competent authority.

6. If patient is on sick list for 6 months.

7. If physically not qualified to perform duties of his rate at sea.

8. If desirable to: (a) obtain decision regarding fitness for duty; (b) obtain opinion as to the nature of a case; or (c) establish the origin of a disability.

9. If extended leave is considered necessary from the medical or surgical standpoint, with intent to reevaluate patient's condition at ex-

piration thereof. *Note:* Sick leave is not recommended in enlisted cases, although no law forbids its recommendation.

10. If necessary from medical or surgical standpoint to limit subsequent duties.

11. If, following complete recovery, it is found advisable to remove previously approved limitations of duty.

12. If USN personnel on examination for transfer to Fleet Reserve; or if Fleet Reserve personnel on active duty, in cases where physical disability leaves such personnel unable to perform their duties at sea.

13. If return to inactive status of retired personnel is deemed necessary due to physical disability.

14. If necessary from medical or surgical standpoint to effect transfer of nonevacuee to a naval hospital, located outside of local naval district, at government expense.

15. If transfer to Veterans' Administration facility, with subsequent discharge or retirement, is deemed necesary.

16. If not physically qualified for advanced base duty.

17. If not considered by the commanding officer as physically qualified to warrant retention on active "limited" duty.

18. If not qualified for release to active duty or discharge.

19. If repatriates with no disease but unsuited for further naval service.

20. On refusal to allow diagnostic, medical, dental, or surgical procedure.

21. If not qualified for reenlistment. A different procedure applies for USMC personnel.

When an officer or enlisted man's orders state for "physical examination," then hospitalization and report of board of medical survey is necessary; but report, in duty status, by board of medical examiners on the regular prescribed form is required. Reference shall be made to his orders, giving reference number and date on the line entitled "reason for examination."

When a board of medical survey recommends transfer of officer or enlisted patient to another naval hospital to continue treatment and subsequent disposition, a statement shall be made in the report as to whether or not patient is ambulatory, ready to travel, and requires attendants. In the latter case, the number shall be stated.

When an officer or enlisted man's orders state "for report of board of medical survey," or words to that effect, he must be admitted to the sick list by his activity and transferred to the hospital as a patient, accompanied by his health record, under a diagnosis of "*no disease* (report by board of medical survey)," if no apparent disability exists.

If disability is found existent after admission to the hospital, he shall not be brought before the survey board under a diagnosis of *no disease* (report by board of medical survey), or vice versa.

If an enlisted man, USN, eligible for transfer to the Fleet Reserve, is not physically qualified to perform duties of his rate at sea, he shall be required to submit his application for transfer to the Fleet Reserve. He is then brought before a board of medical survey, whose recommendation should be that he be assigned to limited duty *until his transfer to the Fleet Reserve (request submitted)*, and subsequently placed on the retired list of the Navy. State whether he is classified as physically qualified for mobilization ashore (1) to include foreign shore duty; (2) limited to the continental limits of the U. S.

If not physically qualified to perform any duty, the recommendation of the board should be "that, after being transferred to the Fleet Reserve (request submitted) he be placed on the retired list of the Navy, classified as not physically qualified for mobilization."

Notation shall be made in the body of the report as to the date request for transfer to the Fleet Reserve was submitted; also state class, such as F-4-C, F-4-D but not F-5 (F-5 is Fleet Reservist enlisting subsequent to 1 July 1925).

If patient is already in Fleet Reserve, omit italicized portion of recommendation; then proceed.

If patient is already on the retired list of the

Navy, omit italicized portions; in first type recommendations delete word "placed"; in second type, substitute words "returned to inactive status" for the word "placed"; then proceed with remainder of recommendations in both instances.

If an enlisted man, USNR, eligible to be placed on the honorary retired list after more than 20 years, combined active and inactive service in the U. S. Naval Reserve, is not physically qualified to perform duties of his rate at sea, he shall be required to submit his application for placement on the honorary retired list before being brought before a board of medical survey, whose recommendations should be "that he be assigned limited duty *until placed* on the honorary retired list (request submitted), classified for mobilization ashore (to include foreign shore duty) or (limited to the continental limits of the U. S.)—state which."

If not physically qualified to perform any duty, the recommendation of the Board should be "that, after being placed on the honorary retired list (request submitted), classified as not physically qualified for mobilization."

Notation should be made in the body of the report as to the date application was submitted.

If patient is already on the honorary retired list, in the first type of recommendation omit italicized portion of recommendation; in second type substitute words "he be returned in inactive status" for words "after being placed" and omit "(request submitted)"; then proceed with remainder of recommendation in both instances.

When "discharge from the U. S. Naval Service" is recommended by a board of medical survey in their report, a statement shall be contained therein that "the maximum benefit from treatment has been obtained and further hospitalization is unnecessary and not required at this time."

No medical officer shall place the name of a patient on the duty list or on the transfer list to another hospital when a survey to "limited duty," "duty," or "discharge from the Naval Service or Marine Corps" is pending.

No medical officer other than the commanding officer or executive officer shall answer an inquiry in writing, relative to a patient or to other hospital matters, or fill out civil insurance blanks. Such matters shall be turned over to the personnel officer for official action.

Probable future duration:

1. Permanent—only when patient's condition is unfit for service.

2. Temporary—state time necessary for treatment and convalescence; i. e., 1 month, 2 months, 3 months, etc.

RECOMMENDATION

Officers.—Anyone of the following alternatives may be recommended:

1. That he be ordered to appear before a Navy retiring board, U. S. M. C. retiring board, or U. S. P. H. S. retiring board in case of Coast Guard officers.

In view of the specific provisions of law, retiring board proceedings should not be recommended by survey boards in the following cases:

a. Reserve officers, unless the disability was incurred in line of duty while on active duty.

b. Retired officers, unless the disability was incurred in line of duty in time of war or national emergency and then must not be a permanent physically retired enlisted man.

c. Temporary officers (with no permanent officer status), unless the disability was incurred in line of duty (incident to service) or *definitely aggravated* in time of war or national emergency while serving under temporary appointment in officer rank.

When retiring board proceedings are recommended, the board shall state:

a. Whether the officer does or does not require further hospitalization.

b. Whether the officer is fit for (1) shore duty only, (2) shore duty within the continental limits of the United States, (3) limited shore duty within the continental limits of the United States, or (4) not fit for any duty.

c. If retiring board proceedings are recommended, the officer's permanent status must be stated and the dates in temporary ranks or

REPORT OF BOARD OF MEDICAL SURVEY
NAVMED-M (REV. 5-45)

PLACE U. S. Naval Hospital, Blank, Va. (*Name of hospital, ship, or station where survey is held*) DATE 10 January 1949

FROM: Board of Medical Survey.
TO: Commanding Officer.

For transmission to the Bureau of Medicine and Survey

NAME DOE, John (None) (*In full, surname first*) NO. 000-00-00 (*File or service number*) RANK OR RATE AND CLASSIFICATION SA USN

BIRTHPLACE LINCOLN, DELAWARE BIRTH DATE 9 December 1928

ENLISTED OR APPOINTED: Date 16 June 1946 REPORTED FOR ACTIVE DUTY, USNR: Date 16 June 1946

PERMANENT STATUS ---------- (*Rank or Rate*) DATE ----------

APPOINTMENT OR PROMOTION TO PRESENT RANK: Date ----------

TOTAL SERVICE: Navy 2 yrs. 6 mos. 16 das. Marine Corps ---------- Army ----------

ADMITTED FROM U.S.S. NEVERSAIL DATE 30 May 1948

DIAGNOSIS FRACTURE, SIMPLE, LEFT RADIUS AND ULNA #2531 (*From Navy nomenclature, under which carried on sick list*) KEY LTR. "J" SPEC. LTR. ---

ORIGIN: IS NOT (*Is or is not*) the result of his own misconduct and WAS (*Was or was not*) incurred in line of duty.

EXISTED PRIOR TO APPOINTMENT OR ENLISTMENT? NO (*Yes or No*) IF "YES," WAS CONDITION AGGRAVATED BY SERVICE? --- (*Yes or No*)

PATIENT INFORMED OF FINDINGS? YES (*Yes or No*)

SUMMARY OF CASE HISTORY: This 20 year old, SA USN with 1 year, 11 months, and 4 days of active duty prior to hospital entry entered the U.S. Naval Hospital, Newport, R. I. on 30 May 1948 with the diagnosis of FRACTURE, SIMPLE, LEFT RADIUS AND ULNA #2531, Key Letter "J", (1) Within Command, (2) On Liberty, (3) Not Intoxicated, (4) Fell off horse on left arm sustaining fracture.

Physical examination on admission showed deformity of left arm, and X-ray examination revealed fracture of the left radius and ulna. Closed reduction under pentothal anesthesia with immobilization in plaster was performed on 31 May 1948.

On the day following closed reduction, check films showed recurrence of the overriding of the radius. On 4 June 1948, open reduction and plating of the radius was done under pentothal anesthesia. Postoperatively, the radial and ulnar fragments were in excellent position. Demobilization has been maintained since operation by means of plaster casts. Repeated X-ray examinations have showed progressive healing of the ulna, but lack of union of the radius. Further treatment is necessary.

This Board is of the opinion that this man is unfit for duty and recommends that he be retained for further treatment.

No disciplinary action pending.

(OVER)

16—44516-1

Figure 49.—Form title: report of board of medical survey (face of report).

(CONTINUED)

SUMMARY OF CASE HISTORY (Cont'd)

NOTE: If additional space is required use NAVMED-Ma following sheet

PRESENT CONDITION Unfit for Duty PROBABLE FUTURE DURATION Indefinite

RECOMMENDATION: That he be retained for further treatment.

I. M. BULLY	W. T. HATCH	I. M. WELL
CAPTAIN MC U. S. NAVY (Senior Member of Board)	LT JG MC U. S. NAVY (Member)	LT JG MC U. S. NAVY (Member)

1st. Endorsement

FROM: Commanding Officer, U.S.N. Hospital, Newport, R.I. DATE 17 JAN 1949

TO: Bureau of Medicine and Surgery.

1. Forwarded.
2. Retained on board for further treatment in accordance with Joint BuMed, MarCorps, BuPers ltr. of 22 Nov. 1948.

J. J. DOE (Signature)

ENDORSEMENT

FROM: Bureau of Medicine and Surgery. DATE

TO:

1. Forwarded: Recommendation of Board Approved.

(Signature)

ENDORSEMENT

FROM DATE

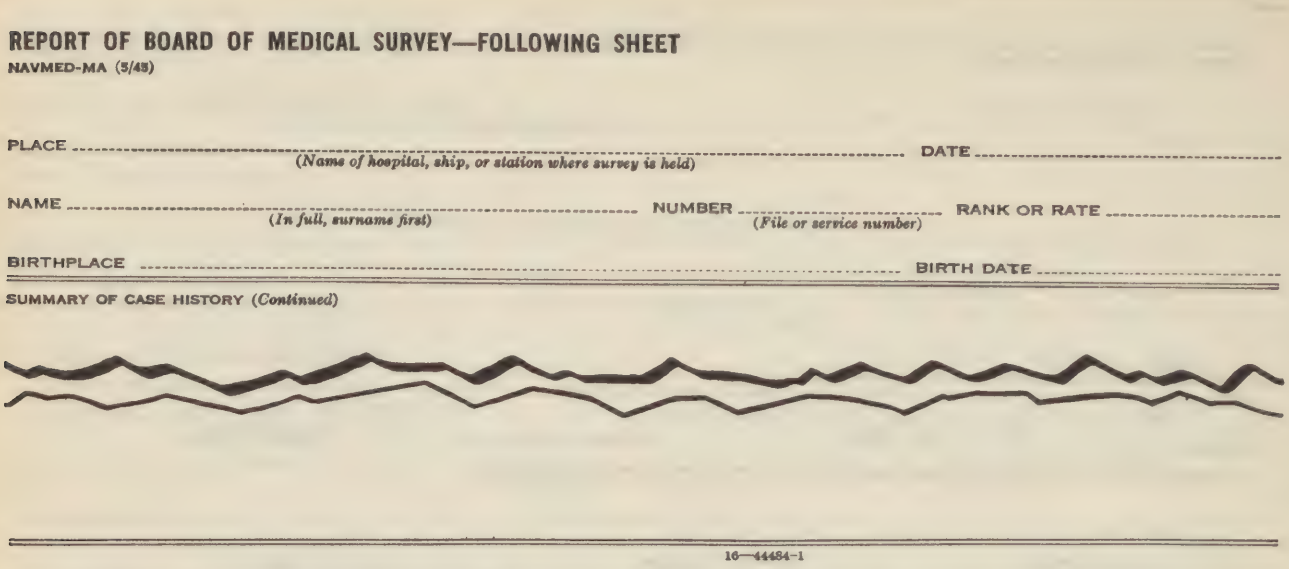
TO

(Signature)

NOTE: BuMed and BuPers or Mar Corps endorsements shall be entered on NAVMED-H-8 in the health record.

☆ U. S. GOVERNMENT PRINTING OFFICE 16—44516-1

Figure 50.—Form title: report of board of medical survey (back of report).



REPORT OF BOARD OF MEDICAL SURVEY—FOLLOWING SHEET
NAVMED-MA (5/45)

PLACE ..... DATE .....
(Name of hospital, ship, or station where survey is held)

NAME ..... NUMBER ..... RANK OR RATE .....
(In full, surname first) (File or service number)

BIRTHPLACE ..... BIRTH DATE .....

SUMMARY OF CASE HISTORY (Continued)

16—44484-1

Figure 51.—Form title: report of board of medical survey—following sheet.

grades, together with an opinion of the board as to the time of origin of the disability in relation to the dates of temporary appointments or promotion.

d. If retiring board proceedings are recommended, a signed statement by the officer concerned that he does, or does not, waive his right to appear before a naval retiring board, shall accompany the report of the board of medical survey.

2. That he be released from active duty, and be discharged.

3. That he be retained on limited duty.

4. That he be granted (state amount of time) sick leave.

5. That he be detached and transferred to a naval hospital.

6. That he be retained for further treatment, or such other recommendation as may be appropriate.

Enlisted personnel (USN, USNR, USMC, USMCR, USCG, USCGR).—Any one of the following alternatives may be recommended:

1. That he be discharged from the U. S. (state service).

2. That he be retained for further treatment.

3. That he be transferred (name hospital) for further treatment and disposition.

4. That he be discharged from the U. S. (state service) upon transfer to a Veterans' Administration facility.

5. That he be discharged from the U. S. (state service), unless the Commandant, U. S. Marine Corps, or Bureau of Naval Personnel (whichever applies) desires his services in a limited duty status.

6. That he be discharged from the U. S. (state service) and retained for further treatment as a supernumerary patient.

7. That he be returned to duty; or such other recommendation as may be appropriate.

FLEET RESERVE AND RETIRED ENLISTED PERSONNEL ON ACTIVE LIST

This class of personnel may be brought before a board of medical survey for disposition. However, disposition can be accomplished by submission of a report of physical defects and the recommendation of board of medical examiners on a regular physical examination form. Usual recommendations are:

1. That he be released from all active duty and placed on the retired list of the Navy.

2. That he be released from all active duty.

3. That he be assigned to limited shore duty within the continental limits of the United States.

Manual of the Medical Department states: "Before recommending discharge from the service of a continuous-service man, the board should carefully consider the probability of his recovery under extended treatment, especially when the disability is in the line of duty. The retention of recruits for prolonged treatment, when restoration to duty appears unlikely, is not desirable."

NOTE.—Senior member and all members of the Board shall sign original only.

CHAPTER 10

FORMS

Some of the more important medical and dental forms are:

1. NavMed–N, Certificate of Death.
2. NavMed Form "U."
3. NavMed Form 4 (requisitions).
4. NavMed–582, Monthly Morbidity Report.
5. Hospital ticket. NavMed "G" (men) NavMed 416 (women).
6. Report of Medical Examination, S.F.88.
7. Report of Medical History, S.F.89.
8. NavMed HC–3, Receipt, transfer, and Status card.
9. NavMed HC–4, Roster Report of the Hospital Corps.
10. NavMed E, Statement of Receipts and Expenditures of Medical Department Property.
11. Nav, S and A–127, Receipt-Expenditure Invoice.
12. Nav, S and A–154, Survey Request, Report and Expenditure.
13. NavMed–K, Report of Dental Operations and Treatments.
14. NavMed–461, Semiannual Dental Report —Personnel, Equipment, Facilities.
15. NavMed 785, Semiannual Dental Officers Personnel Report.

No attempt has been made to discuss in detail each and every form currently (1949) in use by the Medical Department. It must be understood that there is a continuous process of revision and instructions concerning forms and procedures to meet changing conditions. Therefore this discussion has been limited to a few of what are considered the more important of the medical and dental forms and to those that are less subject to immediate revision.

CERTIFICATE OF DEATH: NAVMED-N

This form should be prepared by the cognizant medical officer with sufficient number of copies to enable distribution as follows: Original and four copies (two copies in time of war) to Bureau of Medicine and Surgery; one copy each to district commandant; finance officer; patient's jacket; and hospital files. Original and all copies should contain clear rolled impression of right index finger.

Where positive identification cannot be established and to facilitate and expedite identification of unknown bodies, rolled impressions of all 10 fingers, if possible, or of all fingers available, shall be taken and forwarded to the Bureau of Medicine and Surgery on forms NavPers-680, NavMC-330-PD, NavMed-601, or on a blank sheet with each digit properly marked, together with the death certificate.

The cause or causes of death shall be determined accurately, using all means available and necessary for this purpose. When a post mortem examination is made, the findings shall be entered on the certificate.

The cause of death, both principal and contributory, shall be stated in terms of the official nomenclature, including the diagnosis numbers and key letters in cases of injuries.

CERTIFICATE OF DEATH
NAVMED-N (REV 6-48)

See M. M. D. for instructions regarding number of copies and submission

FROM U. S. N. H., Blank, Virginia

IF UNIDENTIFIED, INDICATE BY USING "X" AND CONSECUTIVE NUMBER HERE

NAME	RANK OR RATE	FILE OR SERVICE No.
DOE. Joyce Jacob	HMC, USN	600-00-00

PLACE OF BIRTH	DATE OF BIRTH
Boston, Mass.	2-5-19

NATIONALITY (*White—U. S., Colored—U. S., Samoan, etc.*)	RELIGION (*Denomination*)
White - U.S. Service 9 yr. 7 mo. 6 da.	Catholic

EYES	HAIR	COMPLEXION	HEIGHT	WEIGHT
Blue	Lt. Brown	Ruddy	70"	192

MARKS, SCARS, ETC. (*Noted in Health Record*)
ANT: s.1/4" rt. eye brow; s. 1" palm rt. hand; s. 1/2" above rt. knee. POST: p.m. lt. scapular region; back (red) 1 x 1" rt. lumbar region; VSULA 1/2" d.

FINGER PRINT

STATE WHICH FINGER (*Right index preferred*)

RELATIONS, NAME AND ADDRESS OF NEXT OF KIN OR FRIEND
Mother: Mrs. Doris Ann DOE, 142½ Elm St., Fall River, Mass.

PLACE OF ORIGINAL ADMISSION (*Ship or station to which attached when first admitted to sick list*)	DATE
U. S. S. CRUISER (CA 859)	7-25-46 (0805)

PLACE OF DEATH	DATE	HOUR
U.S.N.H., Blank, Virginia	7-25-46	1004

CAUSE OF DEATH

	KEY LETTER
PRINCIPAL: Hemorrhage, Traumatic Cerebral, #2541	M
CONTRIBUTORY: Fracture, Compound, Occipital, #2529	M

(*Was or was not*) (undetermined) (undetermined) (*Was or was not*)

Death was not the result of own misconduct and is in the line of duty.

DISPOSITION OF REMAINS
Pending release by Board of Investigation, and instructions of next of kin; final disposition will be covered by dispatch (Line 10 determined by Board of Investigation.

SUMMARY OF FACTS
Circumstances of Occurrence:

1. Within Command.
2. Work.
3. Negligence not apparent.
4. Sustained injury at (about) 0805, 25 July, aboard his vessel by flying wood chip 1/2" x 2" x 3", forcibly ejected by an operation of a circular wood saw, near which he was working, which struck his head, fractured his skull, and penetrated his brain.

(OVER)

16—44921-1

Figure 52.—Certificate of death—face of report.

(Continued)

SUMMARY OF FACTS—Continued

Autopsy performed by Lt. Comdr. L. C. Mopey (MC) USN, on 25 July 1946 revealed the following anatomical diagnosis:

1. Cerebral and subarachanoid hemorrhage (Cause of death).
2. Compound fracture skull (Occipital).
3. No pre-existing disease.

Remains identified by Lt. Comdr. John Howard DOOR (DC) USN, and Ens. Homer Dick TRACY (MSC) USN, Board of Investigation and subsequently senior member thereof released remains to this hospital for disposition.

SIGNATURE C. O. HATCH (Medical officer) Commander (Rank), (MC) USN

APPROVED: COURT OF INQUIRY OR BOARD OF INVESTIGATION will (Will or will not) BE HELD

ADMINISTRATIVE REPORT will not (Will or will not) BE SUBMITTED.

SIGNATURE A. R. CAST (Commanding officer) Captain (Rank), USN

☆ U. S. GOVERNMENT PRINTING OFFICE 16—44921-1

Figure 53.—Certificate of death—back of report.

When death is obvious, but the body has not been recovered, "Body not recovered" shall be entered on line 11.

If it is impossible to determine misconduct and line of duty status, "Undetermined" shall be entered on line 10. Otherwise the misconduct and line of duty status shall be stated in every report. In those cases where the misconduct or line of duty status is not determined until after the certificate has been issued, then a prompt report must be made to the Bureau.

When personnel on the retired list or members of the Naval Reserve not on active duty die while under the care of a medical officer, a statement shall be made that the disease or injury causing death was or was not service-connected.

Whenever two or more conditions contribute to the cause of death, particular care shall be exercised in determining which is the principal cause.

The summary of facts shall contain pertinent facts concerning the origin of the disability causing death; important diagnostic data, including both ante mortem and post mortem findings; character and date of operations; duration and principal points in the course of the fatal disease, injury or poisoning; and other facts supporting the statement concerning cause of death.

"Disposition of remains" refers to the disposition of the body made by the ship or station to which the deceased was attached. The date and place of interment, if known, shall be entered. The submission of the report shall not be delayed, however, in order to determine the final disposition or place of interment.

Indicate on the death certificate whether or not a court of inquiry or board of investigation will be held, or an administrative report will be submitted.

Compare the personal characteristics such as marks, scars, teeth, etc., with those noted in the health record, if it is available.

Death certificates for insurance purposes are issued by the Bureau of Medicine and Surgery only.

Requests for copies of death certificates shall be forwarded to the Bureau for action.

Personnel who die while on official leave and not within commuting distance of their ship or station are processed in the following manner: Medical officers from their ship or station shall initiate steps necessary to obtain information required to complete the Navy's death certificate. They should consult the *Manual of the Medical Department* as to the correct procedures to follow. As an example, when a man dies in another naval district, the commandant is notified. The commandant, through the district medical officer, takes direct measures to complete the death certificate. In all probability a medical officer on recruiting duty or any other medical officer nearest to the place of death would be directed to complete the death certificate.

A medical officer when cognizant of death occurring in the Fleet Reserve or retired personnel of the Navy or Marine Corps in other than a naval facility are required to make a report of death (form N) in each case and forward same to the Bureau of Medicine and Surgery. In such contingency the medical officer should obtain a copy of death certificate prepared by the civilian authority and record all available facts pertinent to the deceased.

NAVMED FORM U

This form shall be prepared and promptly forwarded, in duplicate, to the Bureau of Medicine and Surgery in each case of sickness or injury of personnel on active duty in the Navy or Marine Corps in which treatment is received from other than the Medical Department of the Navy.

This report shall be prepared by a naval medical officer when practicable, or in the absence of such officer, by the senior officer present, or by the individual concerned as soon as he is able.

The instructions on the back of it are self-explanatory.

When this form is not available, a typewritten report shall be made, *in duplicate*, giving the following information: Name and rank or rating; date and place of birth; station

to which attached; diagnosis; prognosis; status (duty or not). If on liberty or leave, state exact period for which granted and the hours and dates from and to duty status; circumstances; disposition; give dates on or between which services were rendered. By whom the services were rendered. Were the services necessary and authorized, and by whose authority? When authority is given in writing a certified copy of same should be attached. When authority is given verbally a certificate of the officer granting same should be attached, and should show when and how the services were authorized. Were the services of a naval medical or dental officer, or a naval hospital available? In the case of an officer, the date of his orders and the name of the Supply Corps officer carrying his accounts shall be stated. When an officer is admitted to a hospital for treatment statement shall also be made as to whether or not hospital ration notices have been issued. This report should always be accompanied by a signed statement from the officer who authorized the treatment and the bill in triplicate. The original of the bill should bear the endorsement, "I certify that the above bill is correct and just; that payment thereof has not been received, that all statutory requirements as to American production and labor standards, and all conditions of purchase applicable to these transactions have been complied with; and that state or local taxes are not included in the amounts billed."

The above statement must be signed by the person rendering the treatment, or by an official if treatment was received in a civilian hospital. The title of such official must always be shown.

NAVMED FORM 4

NavMed Form 4 is used to requisition items of supply and equipment from Navy medical supply depots. This form should be prepared at regular intervals (usually once a quarter) though emergency requisitions may be submitted whenever necessary.

The form is prepared by the head of the medical department at a dispensary or on board ship and approved by the commanding officer who forwards it to the appropriate supply facility.

The procedure at naval hospitals, medical commands and dental commands varies only in that the form is prepared by the finance officer and approved and forwarded by the commanding officer.

These requisitions, when received by the supply facility, are examined and approved for issue. Frequently a requisition may be modified by the supply facility if the amount of any item appears to be excessive. All unavailable items are back-ordered for future shipment.

Upon receipt of the material, the activity should check the material against the shipping invoices, receipt and return the original invoice if in proper order, then enter the materials on its ledgers at invoice value.

No transfer of funds is involved in this case insofar as the requisitioning activity is concerned and no charge is made against its local allotment. The only immediate effect will be an increase in the value of material to be accounted for, which will be reflected in its regular financial reports.

As a general rule, only *standard* items (those listed in the *Army-Navy Catalog of Medical Materiel)* are ordered on NavMed Form 4, but *nonstandard* items may sometimes be procured. Authority to do so, however, is usually reserved for units serving at sea or at overseas bases.

Nonstandard materials can be obtained from the supply officer on stub requisitions, work requests, and open purchase requisitions if an *open purchase* allotment has been authorized by the Bureau of Medicine and Surgery. Open purchases of nonstandard items should be discouraged and resorted to only when other means of procurement have been exhausted.

NOTES

1. Requisitions are numbered serially by *fiscal* year, and the requisition number is preceded by "SD." Thus, the first requisition for the fiscal year 1950, beginning 1 July 1949, would be numbered SD 1-50; the second would be, SD 2-50. This numbering system would be continued for the balance of the fiscal year ending 30 June 1950. The first requisition submitted on or after 1 July 1950 would be numbered SD 1-51 since it would be the first requisition submitted in fiscal year 1951.

NMS—Form U
(1939)

Report of Civilian Medical, Dental, and Hospital Treatment of the Personnel of the Navy and Marine Corps

1. Name FISH, John Brown, 375-86-09 (In full—surname in all caps) Rank or rate HMC USN

2. Place of birth Chicago, Illinois Date of birth 12-15-20

3. Station or vessel to which attached U. S. Naval Air Station, Pensacola, Florida

4. Diagnosis Intracranial Injury #2543 K.L. "O"

5. Prognosis Good

6. Status (duty, on liberty, or on leave) Liberty from 1500, 8-8-46 to 0700, 8-9-46
(If on liberty or leave, state exact period for which granted and hour and dates from and to)

7. Circumstances of occurrence: 1. Liberty 2. Not intoxicated 3. Not misconduct 4. Remarks: At about 1920, 8-8-46, while passenger in automobile that left the road and collided with a tree on U.S. 90, 5 miles west of Mobile, Ala. sustained injuries.

8. Disposition Presbyterian Hospital, Mobile, Alabama, as emergency measure.

9. Give dates on or between which services were rendered 8-8-46 to 8-13-46

10. By whom were the services rendered or supplies furnished? Presbyterian Hospital, Mobile, Ala.
(Name all persons, firms, or institutions)
(who will defray the expense of Dr. J. T. McPherson of 10 North Hall St., Mobile, Ala.)

11. Were the services necessary and authorized (if so, by whom and how)? Necessary and authorized by Commandant, NAS, Pensacola, Florida, telephonically.

NOTE.—Where authority is given in writing, a certified copy of same should be attached to this form. Where authority is given verbally, a certificate of the officer granting same should be attached, and should show when and how the services were authorized.

12. Were the services of a naval medical (or dental) officer or a naval hospital available? No

Date August 14, 1946 W. T. HATCH

Place NAS, Pensacola, Florida (Station of reporting officer) Commander (MC), U. S. N.

(TO BE FILLED OUT IN CASE OF AN OFFICER)

13. Date of orders

14. Name of disbursing officer carrying his accounts

15. Has ration notice been issued?

16—10609

Figure 54.—Report of civilian medical, dental, and hospital treatment of the personnel of the Navy and Marine Corps.

BUMED MATERIAL REQUISITION

NAVMED FORM 4 (REV. 12-46)

REQUISITION No. (1)

SUBMIT IN TRIPLICATE

INVOICE NO. *(Leave blank—Depot use only)*

ISSUE APPROVED BY: *(Leave blank—Depot use only)*

CLASSIFICATION OF REQUIREMENT: (2)

☐ MEDICAL ☐ SUPPLIES ☐ RECURRING ☐ NONSTANDARD

☐ DENTAL ☐ EQUIPMENT ☐ NONRECURRING ☐ EMERGENCY

NUMBER OF DENTAL OFFICERS ATTACHED
(To be filled in on all dental requisitions)

ACCOUNT NO. (3)	CODE NO. (4)	TOTAL (5)	OPERATIVE	PROSTHETIC

FROM: (6) DATE

TO: (7)

SHIPPING INSTRUCTIONS (8) DELIVERY REQUIRED BY: (9)

SUBMITTED (10) FORWARDED (11)

ITEM NO. (12)	STOCK No. (13)	ITEM DESCRIPTION (14)	UNIT (15)	MAXIMUM STOCK (16)	ON HAND (17)	ON ORDER (18)	REQUIRED (19)	UNIT COST (20)

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(Enter explanatory remarks on reverse) (21)

Page ---------- of ----------

Figure 55.—NavMed Form 4.

Where both medical and dental officers are attached to the same station, some arrangement must be made to prevent duplication of requisition numbers since both would be shown on the same account number in the Bureau. This may be done by maintenance of a close liaison between the requisitioning personnel of the medical and dental departments or may be done by assigning a block of numbers to each department. Another, and possibly a more practical, method would be to assign all odd numbers to the medical department and all even numbers to the dental department, or vice versa.

2. Place an *X* in the blocks which apply to the requisition in question.

(a) *Medical:* Place an *X* in this block on each requisition for supplies or equipment to be used by the medical department, regardless of the class of items to be ordered.

(b) *Dental:* Place an *X* in this block on each requisition for supplies or equipment to be used by the dental department, regardless of the catalog class of the items ordered.

NOTE.—Medical and dental items must be ordered on separate requisitions.

(c) *Supplies:* Place an *X* in this block on each requisition for items designated as supplies in the catalog. Supplies are items which may be expended as used.

(d) *Equipment:* Place an *X* in this block on each requisition for items designated as equipment in the standard catalog. Equipment items are not readily expendible and must be disposed of by property survey.

NOTE.—Supplies and equipment must be ordered on separate requisitions.

(e) *Recurring:* Place an *X* in this block if the items ordered are to be used to replenish stock where items are now being carried or have been regularly carried in the past.

(f) *Nonrecurring:* Place an *X* in this block if the items ordered are not currently carried on the ledgers and have not been regularly carried on the ledgers in the immediate past.

NOTE.—Recurring items and nonrecurring items are ordered on separate requisitions.

(g) *Nonstandard:* Place an *X* here if the items desired are not listed in the standard catalog. Nonstandard items, as a rule, may not be ordered on this form except by ships or overseas stations.

When ordering nonstandard items, you must justify your need and you should list one or more possible suppliers of the items and the approximate cost.

(h) *Emergency:* Place an *X* in this block if the items are urgently needed and where the requisition must be filled promptly in order that your station may function properly.

In cases of extreme emergency, where one or more items must be obtained immediately, the requisition may be submitted by dispatch. In these cases, no NavMed Form 4 need be sent as the dispatch will serve as a requisition.

3. The *account number* is the number assigned to your command by the Bureau of Supplies and Accounts. This number may be obtained from your supply officer.

4. The *code number* is assigned by the supply depot. Leave this space blank unless you have been advised of the number to use.

5. These spaces are to be used only on *dental* requisitions. In the first space, enter the total number of dental officers attached. In the second space, enter the number of dental officers assigned to operative dentistry. In the third space, enter the number of dental officers assigned to prosthetic dental billets. The sum of the second and third spaces should equal the number shown in the first space.

6. After "From" enter the name of your ship or station. For the sake of clarity, it is well to show the full mailing address of the ship or station as well. After "Date" show the date the requisition was prepared, using the number system of indicating dates; i.e., 1-5-49 means 5 January 1949 *not* 1 May 1949.

7. After "To" show the name of the activity to which this requisition is to be sent. Requisitions for *standard* items will be sent to the medical officer in command of the nearest medi-

cal supply depot or supply storehouse. Requisitions for *nonstandard* items will be sent to the Chief of the Bureau of Medicine and Surgery, Materiel Division, 84 Sands Street, Brooklyn 1, New York.

8. Leave this space blank unless it is necessary to indicate that items are to be shipped to a special location or are to be packed in a special manner.

9. Leave this space blank unless the items ordered must be received by a certain date because of sailing orders or other special reason.

10. *Submitted:* The name, rank or rate of the officer or man submitting the requisition is to be typed in here and the officer or man is to sign above the typewritten name. On board ship or at a shore station, this will be signed by the senior medical or dental officer. Medical officers sign medical requisitions and dental officers sign dental requisitions. Where no officer is attached, the senior enlisted man in charge of the department will sign. At hospital and at other large medical or dental commands, this space will be signed by the person designated by the commanding officer. This will usually be the finance officer.

11. *Forwarded:* The name and rank of the commanding officer is typed here and the commanding officer signs his name above the typewritten entry prior to forwarding the requisition to the address shown after "To" (space 7).

12. *Item Number:* Each item on the requisition is numbered consecutively, beginning with "1." In other words, the first item would be numbered "1," the second, "2," etc. Where items of more than one class are ordered on the same requisition, the same system applies. You do *not* start a new series of item numbers when you start a new class. In other words, if you were to order three items from class one and two items from class two on the same requisition, the first item in class one would be item number 1, the third item would be item number 3, and the *first* item of class two would be item number 4.

13. *Stock Number:* In this space list the stock number of each standard item exactly as it appears in the standard catalog. On nonstandard requisitions, the entry *NS* may be made to indicate *nonstandard.*

14. *Item Description:* List the item exactly as it appears in the standard catalog. Some items in the catalog contain descriptive material which need not be entered on this form. This matter is printed in light face type, while the essential description is printed in bold type.

15. *Unit:* In this space list the unit as given in the catalog. This may be bottle, package, each, box, etc. Abbreviations, such as bot. for bottle, may be used if the meaning is clear.

16. *Maximum Stock:* List here the number of units which may be considered the maximum stock of each item ordered. This may be one year's normal consumption plus the amount to be consumed between the time of submission of a requisition and the time material is normally received plus any reserve stock which may be authorized. For some items this may vary because of storage problems, deterioration factors, etc.

17. *On Hand:* List here the number of units of each item on hand at the time of submission. On supplies requisitions, it is necessary to list only those units which have not yet been issued from the storeroom for use. For equipment, each unit on hand, whether in use or not, must be shown.

18. *On Order:* List here the number of units which have been ordered on previous requisitions but have not yet been received.

19. *Required:* List here the number of units of each item you desire on this requisition. Normally, this number should be such that the number in this column, plus the number on order, plus the number on hand, will equal the number listed as your maximum stock. Variations in this, however, will be allowed if intended to conform to packaging as shown in the catalog. For example, if you required 10 units of an item, but the catalog showed that the normal packaging was 12, you would be justified in ordering 12.

20. *Unit Cost:* Leave this column blank. The unit price will be determined by the supply facility. You will post your prices in your ledger from the invoices you will receive with the material.

BUMED MATERIAL REQUISITION

NAVMED FORM 4 (REV. 12-48)

REQUISITION No. SD 1-50

SUBMIT IN TRIPLICATE

INVOICE NO. *(Leave blank—Depot use only)*

ISSUE APPROVED BY: *(Leave blank—Depot use only)*

CLASSIFICATION OF REQUIREMENT:

☒ MEDICAL ☒ SUPPLIES ☒ RECURRING ☐ NONSTANDARD

☐ DENTAL ☐ EQUIPMENT ☐ NONRECURRING ☐ EMERGENCY

NUMBER OF DENTAL OFFICERS ATTACHED
(To be filled in on all dental requisitions)

ACCOUNT NO.	CODE NO.	TOTAL	OPERATIVE	PROSTHETIC
See notes	See notes			

FROM: U.S.S. RESERVESHIP (AD 909). DATE: 7-15-49

TO: Medical Officer in Command, U.S. Naval Medical Supply Depot, Sands and Pearl Streets, Brooklyn 1, New York.

SHIPPING INSTRUCTIONS: See Notes

DELIVERY REQUIRED BY: See Notes

SUBMITTED: A. B. SHA, LT, MC, U.S. Navy

FORWARDED: D. E. EFF, CAPT, U.S. Navy

ITEM NO.	STOCK NO.	ITEM DESCRIPTION	UNIT	MAXIMUM STOCK	ON HAND	ON ORDER	REQUIRED	UNIT COST
1.	1-002-470	ACETIC ACID, Glacial, 1 lb.	Bot.	36	12	0	24	
2.	1-009-000	ACETYLSALICYLIC ACID, 1 lb.	Bot.	36	0	12	24	
3.	1-048-000	ALCOHOL, 1 quart.	Can	48	12	0	36	
4.	2-005-000	BANDAGE, Gauze, roller, 3" x 10 yds., 12's.	Pkg.	100	50	0	60	

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(Enter explanatory remarks on reverse)

Page 1 of 1

Figure 56.—BuMed Form 4: medical requisition.

BUMED MATERIAL REQUISITION

NAVMED FORM 4 (REV. 12-46)

REQUISITION No. SD 2-50

SUBMIT IN TRIPLICATE

INVOICE NO. *(Leave blank—Depot use only)*

ISSUE APPROVED BY: *(Leave blank—Depot use only)*

CLASSIFICATION OF REQUIREMENT:

- [X] MEDICAL
- [ ] SUPPLIES
- [X] RECURRING
- [ ] NONSTANDARD
- [ ] DENTAL
- [X] EQUIPMENT
- [ ] NONRECURRING
- [ ] EMERGENCY

NUMBER OF DENTAL OFFICERS ATTACHED *(To be filled in on all dental requisitions)*

TOTAL	OPERATIVE	PROSTHETIC

ACCOUNT NO.: See notes

CODE NO.: See notes

FROM: U.S.S. RESERVESHIP (AD 909)

DATE: 7-15-49

TO: Medical Officer in Command, U.S. Naval Medical Supply Depot, Sands and Pearl Streets, Brooklyn 1, New York.

SHIPPING INSTRUCTIONS: See notes.

DELIVERY REQUIRED BY: See notes.

SUBMITTED: A. B. SEA, LT, MC, U.S. Navy

FORWARDED: D. E. EFF, CAPT, U.S. Navy

ITEM NO.	STOCK NO.	ITEM DESCRIPTION	UNIT	MAXIMUM STOCK	ON HAND	ON ORDER	REQUIRED	UNIT COST
1.	3-026-020	ANOSCOPE, Hirschman, Medium.	Each	2	1	0	1	
2.	3-125-320	BRONCHOSCOPE, Adult, Jackson 8 mm by 40 cm.	Each	1	1	0	1	

JUSTIFICATION FOR ITEM 2:

The bronchoscope now on hand is in constant need of repair. It is anticipated that the one on hand will be rendered unfit for use and should be disposed of by a property survey in the very near future.

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(Enter explanatory remarks on reverse)

Page 1 of 1

Figure 57.—BuMed Form 4: medical requisition.

BUMED MATERIAL REQUISITION

NAVMED FORM 4 (REV. 12-46)

REQUISITION No. SD 3-50

SUBMIT IN TRIPLICATE

INVOICE NO. *(Leave blank—Depot use only)*

ISSUE APPROVED BY: *(Leave blank—Depot use only)*

CLASSIFICATION OF REQUIREMENT:

☒ MEDICAL ☐ SUPPLIES ☐ RECURRING ☐ NONSTANDARD

☐ DENTAL ☒ EQUIPMENT ☒ NONRECURRING ☐ EMERGENCY

NUMBER OF DENTAL OFFICERS ATTACHED
(To be filled in on all dental requisitions)

ACCOUNT NO.	CODE NO.	TOTAL	OPERATIVE	PROSTHETIC
See notes.	See notes.			

FROM: U.S.S. RESERVESHIP (AD 909)

DATE: 7-15-49

TO: Medical Officer in Command, U.S. Naval Medical Supply Depot, Sands and Pearl Streets, Brooklyn 1, New York.

SHIPPING INSTRUCTIONS: See notes.

DELIVERY REQUIRED BY: See notes.

SUBMITTED: A. B. SEA, LT, MC, U.S. Navy

FORWARDED: D. E. EFF, CAPT, U.S. Navy

ITEM NO.	STOCK NO.	ITEM DESCRIPTION	UNIT	MAXIMUM STOCK	ON HAND	ON ORDER	REQUIRED	UNIT COST
1.	7-083-875	STERILIZER, Dressing Pressure, Electrically Heated, CRM, 16"x24", 220 volt, AC-DC.	Each	1	0	0	1	

U. S. GOVERNMENT PRINTING OFFICE 16—50894-1

(Enter explanatory remarks on reverse)

Page 1 of 1

Figure 58.—BuMed Form 4: medical requisition.

BUMED MATERIAL REQUISITION

NAVMED FORM 4 (REV. 12-45)

REQUISITION No. SD 4-50

SUBMIT IN TRIPLICATE

INVOICE NO. *(Leave blank—Depot use only)*

ISSUE APPROVED BY: *(Leave blank—Depot use only)*

CLASSIFICATION OF REQUIREMENT:

[X] MEDICAL [X] SUPPLIES [X] RECURRING [ ] NONSTANDARD

[ ] DENTAL [ ] EQUIPMENT [ ] NONRECURRING [X] EMERGENCY

NUMBER OF DENTAL OFFICERS ATTACHED
(To be filled in on all dental requisitions)

ACCOUNT NO.	CODE NO.	TOTAL	OPERATIVE	PROSTHETIC
See notes.	See notes.			

FROM: U.S.S. RESERVESHIP (AD909). DATE: 8-21-49

TO: Medical Officer in Command, U.S. Naval Medical Supply Depot, Sands and Pearl Streets, Brooklyn 1, New York.

SHIPPING INSTRUCTIONS: % Supply Officer, Naval Base, Norfolk, Virginia. DELIVERY REQUIRED BY: 9-5-49

SUBMITTED: A. B. SEA, LT, MC, U.S. Navy FORWARDED: D. E. EFF, CAPT, U.S. Navy

ITEM NO.	STOCK No.	ITEM DESCRIPTION	UNIT	MAXIMUM STOCK	ON HAND	ON ORDER	REQUIRED	UNIT COST
1.	1-621-520	YELLOW FEVER VACCINE, 20 doses.	Pkg.	2	2	0	40	

JUSTIFICATION: This ship is leaving for an extended cruise, touching at several South American ports where Yellow Fever may be encountered.

No increase in our maximum stock will be required since this ship will, in all probability operate within northern waters again on completion of this cruise.

U. S. GOVERNMENT PRINTING OFFICE 16—50894-1

(Enter explanatory remarks on reverse)

Page 1 of 1

Figure 59.—BuMed Form 4: medical requisition.

BUMED MATERIAL REQUISITION

NAVMED FORM 4 (REV. 12-48)

REQUISITION No. SD 5-50

SUBMIT IN TRIPLICATE

INVOICE NO. *(Leave blank—Depot use only)*

ISSUE APPROVED BY: *(Leave blank—Depot use only)*

CLASSIFICATION OF REQUIREMENT:

☒ MEDICAL ☒ SUPPLIES ☐ RECURRING ☒ NONSTANDARD

☐ DENTAL ☐ EQUIPMENT ☒ NONRECURRING ☐ EMERGENCY

NUMBER OF DENTAL OFFICERS ATTACHED
(To be filled in on all dental requisitions)

ACCOUNT NO.	CODE NO.	TOTAL	OPERATIVE	PROSTHETIC
See notes.	See notes.			

FROM: U.S.S. RESERVESHIP (AD 909) % FPO, New York, N.Y. DATE: 10-1-49

TO: Chief of the Bureau of Medicine and Surgery, Materiel Division, 84 Sands Street, Brooklyn, 1, New York.

SHIPPING INSTRUCTIONS: See notes.

DELIVERY REQUIRED BY: See notes

SUBMITTED: A. B. SEA, LT, MC, U.S. Navy

FORWARDED: D. E. EFF, CAPT, U.S. Navy.

ITEM NO.	STOCK No.	ITEM DESCRIPTION	UNIT	MAXIMUM STOCK	ON HAND	ON ORDER	REQUIRED	UNIT COST
1.	NS	FLO-CILLIN, 10 c.c. vial. JUSTIFICATION: _____ This item is available from: Bristol Laboratories, Inc. Syracuse, New York Cost estimated at $8.00 per vial.	Vial	24	0	0	24	

U. S. GOVERNMENT PRINTING OFFICE 16—50894-1

(Enter explanatory remarks on reverse)

Page 1 of 1

Figure 60.—BuMed Form 4: medical requisition.

BUMED MATERIAL REQUISITION

NAVMED FORM 4 (REV. 12-46)

REQUISITION No. SD 1-50

SUBMIT IN TRIPLICATE

INVOICE NO. *(Leave blank—Depot use only)*

ISSUE APPROVED BY: *(Leave blank—Depot use only)*

CLASSIFICATION OF REQUIREMENT:

☐ MEDICAL ☒ SUPPLIES ☒ RECURRING ☐ NONSTANDARD

☒ DENTAL ☐ EQUIPMENT ☐ NONRECURRING ☐ EMERGENCY

NUMBER OF DENTAL OFFICERS ATTACHED
(To be filled in on all dental requisitions)

ACCOUNT NO.	CODE NO.	TOTAL	OPERATIVE	PROSTHETIC
See notes.	See notes	5	4	1

FROM: U.S. Naval Station, Blank, Virginia.

DATE: 7-1-50

TO: Medical Officer in Command, U.S. Naval Medical Supply Depot, Sands and Pearl Streets, Brooklyn 1, New York.

SHIPPING INSTRUCTIONS: See Notes

DELIVERY REQUIRED BY: See Notes.

SUBMITTED: D. ENTAL, LCDR, DC, U.S.N.R.

FORWARDED: A. B. CAST, CAPT, U.S. Navy

ITEM NO.	STOCK NO.	ITEM DESCRIPTION	UNIT	MAXIMUM STOCK	ON HAND	ON ORDER	REQUIRED	UNIT COST
1.	5-002-050	ALLOY, Silver, 5 oz.	Pkg.	18	10	0	8	
2.	5-006-050	ANESTHETIC SOLUTION, Local, Cartridges, 2¼ cc, 25's.	Can	60	10	0	50	

U. S. GOVERNMENT PRINTING OFFICE 16—50804-1

(Enter explanatory remarks on reverse)

Page 1 of 1

Figure 61.—BuMed Form 4: medical requisition.

21. On this line (on the bottom of the form) show the number of the page and the total number of pages of the requisition. For example, on a three page requisition, page one would read "Page 1 of 3"; page two would read "Page 2 of 3"; and page three would read "Page 3 of 3."

The above instructions are in effect for the entire Navy at the time of writing. Some local supply storehouses may vary the regulations somewhat and some instructions may be subject to change.

As a measure of precaution, it would be well to consult the district medical officer or district dental officer when reporting to an activity in a new area to determine whether their local instructions vary from these and, if so, in what manner. These local variations, if any, will usually be slight, however.

Figures 57 to 62 cover the types of requisitions that are usually encountered by officers of the medical department.

MONTHLY MORBIDITY REPORT, NAVMED-582

The monthly morbidity report is designed to provide the Bureau with current information for planning and coordinating the program for the prevention, control, and treatment of morbidity. It is primarily a statistical report and, like most reports of this character, it is highly complicated and requires painstaking efforts to prepare properly.

PREPARATION AND ROUTING

NavMed-582 shall be prepared at the end of each month by all Navy and Marine Corps activities having Medical Department personnel attached. Activities having 25 or more transients attached (i. e., personnel not permanently attached) during the month shall prepare 2 types of this report. The first of these types, (subsequently herein referred to as type I), shall be the usual one, routinely submitted by all activities and shall pertain only to personnel of the Navy and Marine Corps permanently on duty at the individual activity. The second type (herein referred to as type II), shall pertain to all transient personnel. For the purpose of this report *transients* are defined as Navy and Marine Corps personnel who are attached to the activity in a temporary status (e. g., all patients on the sick list undergoing treatment in a medical activity; all personnel awaiting separation; all personnel awaiting assignment; personnel temporarily attached to recruiting activities, etc.). This second type of report shall be marked "Transient Personnel" following the title at the top of the report form.

The original of each type of report shall be forwarded promptly to the Bureau and a copy retained on file. A third copy shall be forwarded to the cognizant district medical officer or to the staff medical officer in each instance where the reporting activity is part of an organization having a staff medical officer. The form shall be submitted as above for the portion of the month in operation whenever an activity is established or disestablished, commissioned or decommissioned.

CONSTITUTION OF AVERAGE STRENGTH

I. For personnel permanently attached (report only on type I report): Each reporting activity shall include all permanently attached personnel on duty with or on detached duty from that activity, including:

(a) For tenders and other similar ships of the fleet, the crews of attached craft which carry no Medical Department personnel.

(b) For shore-based activities other than district headquarters, the crews of all yard craft attached.

(c) For naval district headquarters, those on duty away from Medical Department personnel, including the crews of district craft which have no Medical Department personnel.

(d) For central recruiting stations, all permanently attached personnel.

II. For transient personnel (report only on type II report): All naval activities having 25 or more transient personnel, who, individually, are temporarily attached for any period during any 1 month, shall report these as average strength only on the special Transient Personnel, NavMed–582, as directed above. Transient personnel shall include those active-duty personnel who are undergoing treatment, awaiting separation, awaiting assignment or in any

MONTHLY MORBIDITY REPORT

NAVMED-882 (REV. 9-46)

(CHECK ONE) TYPE 1 [ ] TYPE 2 [X] (See instructions)

U. S. Naval Hospital (Name and location of ship or station)

SUBMITTED - - - - - - (Signature M. O.) USN

- - - - - - - - - - (Fleet No. and/or District No.)

MONTH ENDING 31 December 1948

FORWARDED - - - - - - (Signature C. O.) USN

Part I

AVERAGE STRENGTH

WHITE	433
NEGRO	20
TOTAL	453

TOTAL PATIENT SICK DAYS DURING MONTH 19,288

ALL DIAGNOSES	TAKEN UP ON SICK LIST DURING MONTH AS					
	A	RA	ACD-AD	EC	FT	FS
TOTAL	2		78	152	335	46

ALL DIAGNOSES	DISPOSED FROM SICK LIST DURING MONTH AS					
	D	C	DD	IS	RAN	T
TOTAL	319	276				33

NUMBER OF PATIENTS ON SICK LIST AT END OF MONTH

	REGULAR	RESERVE
NAVY OFF.	12	5
MARINE OFF.	0	0
NAVY ENL.	344	17
MARINE ENL.	24	1
TOTAL	380	23

SUPERNUMER. 182

Part II

NUMBER TAKEN UP DURING THE MONTH

ACCORDING TO DIAGNOSTIC CLASS AND SELECTED DIAGNOSES

LINE No.	DIAGNOSTIC CLASS AND DIAGNOSIS	No. TAKEN UP DURING THE MONTH AS					
		A	RA	ACD-AD	EC	FT	FS
01	CLASS I: DISEASES OF BLOOD			1	2		2
02	CLASS II: DISEASES OF CIRCULATORY SYSTEM				2	6	
	CLASS III: DISEASES OF DIGESTIVE SYSTEM						
03	APPENDICITIS, ACUTE	2		2	14	5	3
04	GASTRO-ENTERITIS, ACUTE				3		
05	ALL OTHER DISEASES				14	9	2
06	CLASS IV: DISEASES OF DUCTLESS GLANDS, SPLEEN					1	1
07	CLASS V: DISEASES OF EAR, NOSE, AND THROAT			1	2	12	
08	CLASS VI: DISEASES OF EYE AND ADNEXA					2	1
09	CLASS VII: DISEASES OF GENITO-URINARY SYSTEM (NONVENEREAL)			10	6	10	1
	CLASS VIII: COMMUNICABLE DISEASES TRANS. BY ORAL AND NASAL DISCHARGE						
10	CEREBROSPINAL FEVER, MENINGO.						
11	DIPHTHERIA						
12	GERMAN MEASLES				4		
13	INFLUENZA					1	
14	MEASLES						
15	MUMPS				1		
16	PNEUMONIA, BRONCHO-				1	1	
17	PNEUMONIA, LOBAR				1	1	
18	PNEUMONIA, PRIM., ATYPICAL				6	1	2
19	POLIOMYELITIS, ANT., ACUTE						
20	SCARLET FEVER					1	
21	SMALLPOX						
22	ENCEPHALITIS, ALL FORMS						
23	SEPTIC SORE THROAT					2	
24	CATARRHAL FEVER, ACUTE				3	5	

LINE No.	DIAGNOSTIC CLASS AND DIAGNOSIS	No. TAKEN UP DURING THE MONTH AS					
		A.	RA	ACD-AD	EC	FT	FS
25	PHARYNGITIS, ACUTE				2	2	
26	TONSILLITIS, ACUTE				4	12	
27	ALL OTHER DISEASES				4	4	
	CLASS IX: COMMUNICABLE DISEASES TRANS. BY INTESTINAL DISCHARGES						
28	DYSENTERY, BACILLARY						
29	PARATYPHOID FEVER						
30	TYPHOID FEVER						
31	ALL OTHER DISEASES						
	CLASS X: COMMUNICABLE DISEASES TRANS. BY INSECTS, ARTHROPODS						
32	DENGUE						
33	FILARIASIS						
34	MALARIA, MALIG. TERTIAN						
35	MALARIA, ALL OTHER FORMS						
36	TYPHUS, ENDEMIC (FLEA-BORNE)						
37	TYPHUS, EPIDEMIC (LOUSE-BORNE)						
38	TYPHUS, SCRUB (MITE-BORNE)						
39	ALL OTHER DISEASES						
	CLASS XI: TUBERCULOSIS						
40*	WHITE — PULM., ACTIVE						
41*	WHITE — PULM. REINFEC., ARRESTED				2		
42	WHITE — PULM. PRIMARY, HEALED						
43	WHITE — ALL OTHER DISEASES				2	1	
44*	NEGRO — PULM., ACTIVE						
45*	NEGRO — PULM. REINFEC., ARRESTED						
46	NEGRO — PULM. PRIMARY, HEALED						
47	NEGRO — ALL OTHER DISEASES						

Continued on reverse side

16—43603-2

Figure 62.—Monthly morbidity report: Transient Personnel (face).

NUMBER TAKEN UP DURING THE MONTH
ACCORDING TO DIAGNOSTIC CLASS AND SELECTED DIAGNOSES

LINE NO.		DIAGNOSTIC CLASS AND DIAGNOSIS	No. TAKEN UP DURING THE MONTH AS					
			A	RA	ACD-AD	EC	FT	FS
		CLASS XII: VENEREAL DISEASES						
48*	WHITE	CHANCROIDAL INFECTIONS				2	2	
49*	WHITE	GONOCOCCUS INFECTIONS				1	1	
50	WHITE	SYPHILIS, EARLY				1	1	
51	WHITE	ALL OTHER DISEASES				2	1	
52*	NEGRO	CHANCROIDAL INFECTIONS				1		
53*	NEGRO	GONOCOCCUS INFECTIONS					2	
54	NEGRO	SYPHILIS, EARLY					1	
55	NEGRO	ALL OTHER DISEASES			2			
		CLASS XIII: OTHER DISEASES OF INFECTIVE TYPE						
56		DYSENTERY, UNCLASSIFIED						
57		FOOD INFECTION						
58		FOOD INTOXICATION						
59		FOOD POISONING						
60		JAUNDICE, ACTIVE, INFECT					1	1
61		JAUNDICE, EPIDEMIC (WEIL'S)						
62		RHEUMATIC FEVER						
63		ALL OTHER DISEASES			1	3	10	1
64		CLASS XIV: DISEASES OF LYMPHATIC SYSTEM						
		CLASS XV: DISEASES OF THE MIND						
65		CONSTIT. PSYCHO. INFERIORITY						
66*		PERSONALITY DISORDER				2		
67*		PSYCHONEUROSES						
68*		PSYCHOSES						
69		ALL OTHER DISEASES				5	2	
		CLASS XVI: DISEASES OF MOTOR SYSTEM						
70		ARTHRITIS, ACUTE					1	
71*		ARTHRITIS, ALL OTHER FORMS				2	1	
72*		BURSITIS, ALL FORMS						2
73*		MYOSITIS, ALL FORMS						
74		ALL OTHER DISEASES				1	3	5

LINE NO.	DIAGNOSTIC CLASS AND DIAGNOSIS	No. TAKEN UP DURING THE MONTH AS					
		A	RA	ACD-AD	EC	FT	FS
	CLASS XVII: DISEASES OF						
75	NERVOUS SYSTEM			1	1	3	
	CLASS XVIII: DISEASES OF RESPIRATORY SYSTEM						
76*	PLEURISY, ACUTE, ALL FORMS				1		
77	PNEUMONITIS, ACUTE			1		1	
78	ALL OTHER DISEASES				4	2	
	CLASS XIX: DISEASES OF						
79	SKIN, HAIR, AND NAILS			2	4	6	
	CLASS XX						
80	HERNIAE				6	7	1
	CLASS XXI: MISC. DISEASES AND CONDITIONS						
81	DIAGNOSIS UNDETERMINED					113	1
82	FATIGUE, OPERATIONAL						
83	ALL OTHER DISEASES			48	26	48	
	CLASS XXII: PARASITIC DISEASES						
84	AMEBIASIS						
85	DYSENTERY, AMEBIC						
86	FUNGUS INFECTION, SKIN			1	3	3	
87*	SCHISTOSOMIASIS						
88	ALL OTHER DISEASES			1	2		1
	CLASS XXIII: TUMORS						
89*	SPECIFIED MALIGNANT TUMORS						
90	ALL OTHER DISEASES			2	1	4	3
	CLASS XXIV: FEMALE						
91	DISEASES AND CONDITIONS						
	CLASS XXV: INJURIES						
92	DIAGNOSIS UNDETERMINED					10	
93	ALL OTHER INJURIES			4	11	35	17
	CLASS XXVI:						
94	POISONINGS						
	CLASS XXVII: DENTAL						
95	DISEASES AND CONDITIONS			1		1	2

INSTRUCTIONS:

1. Forward original to the Bureau of Medicine and Surgery before the 10th day following end of report month *via Air Mail.* (Red Stripe Air Mail if available.) Classify only when necessary.
2. Check whether Type 1 (Report of Personnel Permanently Attached) or Type 2 (Report of Transient Personnel). (For distinction between the two types see Circular Letter No. 46–90, 11 June 1946.)
3. Report each admission or change of status (taken up as A, RA, ACD, AD, EC, FT, FS) which occurred during the report month whether or not the case was disposed of during that month.
4. Count number of sick days accumulated during the report month by each patient (exclusive of supernumeraries) whether or not the patient was taken up or disposed of during the month. Total for all patients is "total patient sick days during month."
5. Average strength *must* be reported. (For method of computation see par. 35D3.4 Manual of the Medical Department, 1945 revision.)
6. Include other races (Indian, Filipino, etc.) with white wherever racial data is required.
7. Report the number of supernumeraries "on the sick list at end of month" on the line indicated. Do not include supernumeraries elsewhere.
8. Where diagnostic class alone is given, report totals of all diseases for that class.
9. For "all other diseases" report total of all diseases for that class except those listed separately.
10. Do not use zeros to indicate that no cases have occurred. Leave blank. Check all entries for accuracy.

*NOTE.—Except for the following, each specific diagnostic title corresponds to a single title in the Navy Diagnostic Nomenclature (1945 revision). *Exceptions* are as follows: Lines 40 and 44 include diagnoses 1101, 1123, 1124, 1125; lines 41 and 45 include diagnoses 1133, 1134, 1135; lines 48 and 52 include diagnoses 1201, 1202; lines 49 and 53 include diagnoses 1211 through 1216, inclusive; line 66 includes diagnoses 1561, 1562, 1564; line 67 includes diagnoses 1531, 1541 through 1545, inclusive; line 68 includes diagnoses 1501 through 1504, 1511 through 1518, 1521 through 1527, inclusive; line 71 includes diagnoses 1603, 1651; line 72 includes diagnoses 1604, 1652; line 73 includes diagnoses 1631, 1632, 1633, 1654; line 76 includes diagnoses 1813, 1814, 1815; line 87 includes diagnoses 2228, 2229, 2230; line 89 includes diagnoses 2302, 2310, 2312, 2327, 2328, 2330, 2333, 2337, 2338.

MONTHLY MORBIDITY REPORT (BACK) NAVMED-582 (REV. 9-46) 16—43603-2 U. S. GOVERNMENT PRINTING OFFICE

Figure 63.—Monthly morbidity report: Transient Personnel (back).

status not permanently a part of the complement of the reporting activity.

CALCULATION OF AVERAGE STRENGTH

Average strength for enlisted personnel shall be computed by dividing the total number of daily rations issued and commuted during the month, or part of the month covered by the report, by the number of days in that period. The average strength for officers (including officers of the Nurse Corps, and of the WAVES), and additional personnel listed above, for whom data on daily rations is unobtainable, is computed by dividing the total number of personnel days by the number of days of the month. Ships and stations shall not include in their average strength any personnel attached to the staff of a naval hospital. Naval hospitals and dispensaries (having 25 or more beds) shall report on their regular monthly morbidity report (herein referred to as type I) only personnel attached to staff (whether in duty or in sick status), except that the U. S. Naval Hospital, Bethesda, Md., shall include all personnel attached to the staff of the National Naval Medical Center. Naval hospitals and dispensaries shall report on the *average strength* of their Transient Report (herein referred to as type II), the patients on the sick list undergoing treatment during the month who are not permanently attached to their respective staffs. Average strength for the special Transient Personnel, NavMed–582, shall be computed in a similar fashion by using transient personnel records.

PERSONNEL TO BE REPORTED

I. Reporting of permanent personnel (report on type I report) : Each reporting activity shall include all personnel *permanently attached* to that activity. For reporting personnel in special categories reference should be made to the following section.

II. Reporting of transient personnel (report only on type II report) : Report all personnel not permanently a part of the complement of the reporting activity.

REPORTING OF PERSONNEL IN SPECIAL CATEGORIES

Special categories of active-duty personnel of the Navy and Marine Corps, Regular and Reserve, and the methods of reporting them, follow:

1. Personnel admitted to the sick list while on leave, temporarily away from command, or while on duty away from Medical Department personnel, shall be reported as *A* (new admission) on NavMed–582 of the Medical Department of the activity to which they are permanently attached. When taken up on the sick list by the Medical Department of a naval activity other than the one to which permanently attached, they shall be reported by that activity as *FT* (from transfer) on the transient personnel form (herein referred to as type II report), and not as a new admission.

2. Personnel on duty in yard craft shall be reported on the NavMed–582 of the activity to which the yard craft are attached.

3. Personnel of ships of the fleet which have no Medical Department personnel shall be reported on the NavMed–582 of the ship (tender or other vessel) to which such craft are attached.

4. Personnel on duty in submarines (exclusive of V-boats) shall be reported as in categories 1 and 3 of this section. Personnel on duty in V-boats shall be reported on the NavMed–582 of such V-boats.

5. Personnel on duty in district craft which have no Medical Department personnel attached shall be reported on the NavMed–582 submitted by the Medical Department of the district headquarters.

6. Personnel on recruiting duty shall be reported on the NavMed–582 of the central recruiting station to which they are permanently attached.

7. Personnel on isolated or other independent duty away from Medical Department personnel shall be reported on NavMed–582 of the command to which they are permanently attached.

8. Personnel on duty in the Navy Department, Washington, D. C., shall be reported by the U. S. Naval Dispensary, Washington, D. C.

9. Death occurring while on leave shall be reported only on NavMed–582 of the activity to which the individual was attached whether

NUMBER TAKEN UP DURING THE MONTH ACCORDING TO DIAGNOSTIC CLASS AND SELECTED DIAGNOSES

LINE NO.		DIAGNOSTIC CLASS AND DIAGNOSIS	No. TAKEN UP DURING THE MONTH AS					
			A	RA	ACD-AD	EC	FT	FS
		CLASS XII: VENEREAL DISEASES						
48*	WHITE	CHANCROIDAL INFECTIONS						
49*	WHITE	GONOCOCCUS INFECTIONS						
50	WHITE	SYPHILIS, EARLY						
51	WHITE	ALL OTHER DISEASES						
52*	NEGRO	CHANCROIDAL INFECTIONS						
53*	NEGRO	GONOCOCCUS INFECTIONS						
54	NEGRO	SYPHILIS, EARLY						
55	NEGRO	ALL OTHER DISEASES						
		CLASS XIII: OTHER DISEASES OF INFECTIVE TYPE						
56		DYSENTERY, UNCLASSIFIED						
57		FOOD INFECTION						
58		FOOD INTOXICATION						
59		FOOD POISONING						
60		JAUNDICE, ACTIVE, INFECT.						
61		JAUNDICE, EPIDEMIC (WEIL'S)						
62		RHEUMATIC FEVER						
63		ALL OTHER DISEASES	1					
		CLASS XIV: DISEASES OF						
64		LYMPHATIC SYSTEM				1		
		CLASS XV: DISEASES OF THE MIND						
65		CONSTIT. PSYCHO. INFERIORITY						
66*		PERSONALITY DISORDER						
67*		PSYCHONEUROSES						
68*		PSYCHOSES						
69		ALL OTHER DISEASES						
		CLASS XVI: DISEASES OF MOTOR SYSTEM						
70		ARTHRITIS, ACUTE						
71*		ARTHRITIS, ALL OTHER FORMS						1
72*		BURSITIS, ALL FORMS					1	
73*		MYOSITIS, ALL FORMS						
74		ALL OTHER DISEASES	1					

LINE NO.	DIAGNOSTIC CLASS AND DIAGNOSIS	No. TAKEN UP DURING THE MONTH AS					
		A	RA	ACD-AD	EC	FT	FS
75	CLASS XVII: DISEASES OF NERVOUS SYSTEM	1			1		
	CLASS XVIII: DISEASES OF RESPIRATORY SYSTEM						
76*	PLEURISY, ACUTE, ALL FORMS						
77	PNEUMONITIS, ACUTE						
78	ALL OTHER DISEASES						
79	CLASS XIX: DISEASES OF SKIN, HAIR, AND NAILS	1					
80	CLASS XX HERNIAE						
	CLASS XXI: MISC. DISEASES AND CONDITIONS						
81	DIAGNOSIS UNDETERMINED	3					
82	FATIGUE, OPERATIONAL						
83	ALL OTHER DISEASES			2	1	3	
	CLASS XXII: PARASITIC DISEASES						
84	AMEBIASIS						
85	DYSENTERY, AMEBIC						
86	FUNGUS INFECTION, SKIN						
87*	SCHISTOSOMIASIS						
88	ALL OTHER DISEASES						
	CLASS XXIII: TUMORS						
89*	SPECIFIED MALIGNANT TUMORS	1					
90	ALL OTHER DISEASES						
91	CLASS XXIV: FEMALE DISEASES AND CONDITIONS						
	CLASS XXV: INJURIES						
92	DIAGNOSIS UNDETERMINED						
93	ALL OTHER INJURIES	1					1
94	CLASS XXVI: POISONINGS						
95	CLASS XXVII: DENTAL DISEASES AND CONDITIONS						

INSTRUCTIONS:

1. Forward original to the Bureau of Medicine and Surgery before the 10th day following end of report month *via Air Mail.* (Red Stripe Air Mail if available.) Classify only when necessary.
2. Check whether Type 1 (Report of Personnel Permanently Attached) or Type 2 (Report of Transient Personnel). (For distinction between the two types see Circular Letter No. 46–90, 11 June 1946.)
3. Report each admission or change of status (taken up as A, RA, ACD, AD, EC, FT, FS) which occurred during the report month whether or not the case was disposed of during that month.
4. Count number of sick days accumulated during the report month by each patient (exclusive of supernumeraries) whether or not the patient was taken up or disposed of during the month. Total for all patients is "total patient sick days during month."
5. Average strength *must* be reported. (For method of computation see par. 35D3.4 Manual of the Medical Department, 1945 revision.)
6. Include other races (Indian, Filipino, etc.) with white wherever racial data is required.
7. Report the number of supernumeraries "on the sick list at end of month" on the line indicated. Do not include supernumeraries elsewhere.
8. Where diagnostic class alone is given, report totals of all diseases for that class.
9. For "all other diseases" report total of all diseases for that class except those listed separately.
10. Do not use zeros to indicate that no cases have occurred. Leave blank. Check all entries for accuracy.

*NOTE.—Except for the following, each specific diagnostic title corresponds to a single title in the Navy Diagnostic Nomenclature (1945 revision). *Exceptions* are as follows: Lines 40 and 44 include diagnoses 1101, 1123, 1124, 1125; lines 41 and 45 include diagnoses 1133, 1134, 1135; lines 48 and 52 include diagnoses 1201, 1202; lines 49 and 53 include diagnoses 1211 through 1216, inclusive; line 66 includes diagnoses 1561, 1562, 1564; line 67 includes diagnoses 1531, 1541 through 1545, inclusive; line 68 includes diagnoses 1501 through 1504, 1511 through 1518, 1521 through 1527, inclusive; line 71 includes diagnoses 1603, 1651; line 72 includes diagnoses 1604, 1652; line 73 includes diagnoses 1631, 1632, 1633, 1654; line 76 includes diagnoses 1813, 1814, 1815; line 87 includes diagnoses 2228, 2229, 2230; line 89 includes diagnoses 2302, 2310, 2312, 2327, 2328, 2330, 2333, 2337, 2338.

MONTHLY MORBIDITY REPORT (BACK) NAVMED-582 (REV. 9-46) 16—43603-2 U. S. GOVERNMENT PRINTING OFFICE

Figure 64.—Monthly morbidity report (back).

MONTHLY MORBIDITY REPORT

NAVMED-582 (REV. 9-46)

(CHECK ONE) TYPE 1 [X] TYPE 2 [ ] (See instructions)

U. S. Naval Hospital (Name and location of ship or station)

SUBMITTED - - - - - - (Signature M. O.) USN

- - - - - - - - - - - (Fleet No. and/or District No.)

MONTH ENDING 31 December, 1948

FORWARDED - - - - - - (Signature C. O.) USN

Part I

AVERAGE STRENGTH

WHITE	379
NEGRO	9
TOTAL	388

TOTAL PATIENT SICK DAYS DURING MONTH 324

ALL DIAGNOSES	TAKEN UP ON SICK LIST DURING MONTH AS					
	A	RA	ACD-AD	EC	FT	FS
TOTAL	17		2	3	3	3

ALL DIAGNOSES	DISPOSED FROM SICK LIST DURING MONTH AS					
	D	C	DD	IS	RAN	T
TOTAL	14	8				1

NUMBER OF PATIENTS ON SICK LIST AT END OF MONTH

	REGULAR	RESERVE
NAVY OFF.	6	1
MARINE OFF.		
NAVY ENL.	4	
MARINE ENL.		
TOTAL	10	1

SUPERNUMER.

Part II

NUMBER TAKEN UP DURING THE MONTH

ACCORDING TO DIAGNOSTIC CLASS AND SELECTED DIAGNOSES

LINE No.	DIAGNOSTIC CLASS AND DIAGNOSIS	No. TAKEN UP DURING THE MONTH AS					
		A	RA	ACD-AD	EC	FT	FS
01	CLASS I: DISEASES OF BLOOD						
02	CLASS II: DISEASES OF CIRCULATORY SYSTEM						
	CLASS III: DISEASES OF DIGESTIVE SYSTEM						
03	APPENDICITIS, ACUTE						
04	GASTRO-ENTERITIS, ACUTE	1					
05	ALL OTHER DISEASES	1					
06	CLASS IV: DISEASES OF DUCTLESS GLANDS, SPLEEN						
07	CLASS V: DISEASES OF EAR, NOSE, AND THROAT	1					
08	CLASS VI: DISEASES OF EYE AND ADNEXA						
09	CLASS VII: DISEASES OF GENITO-URINARY SYSTEM (NONVENEREAL)	1					
	CLASS VIII: COMMUNICABLE DISEASES TRANS. BY ORAL AND NASAL DISCHARGE						
10	CEREBROSPINAL FEVER, MENINGO.						
11	DIPHTHERIA						
12	GERMAN MEASLES						
13	INFLUENZA						
14	MEASLES						
15	MUMPS						
16	PNEUMONIA, BRONCHO-						
17	PNEUMONIA, LOBAR						
18	PNEUMONIA, PRIM., ATYPICAL						
19	POLIOMYELITIS, ANT., ACUTE						
20	SCARLET FEVER						
21	SMALLPOX						
22	ENCEPHALITIS, ALL FORMS						
23	SEPTIC SORE THROAT						
24	CATARRHAL FEVER, ACUTE	2					

LINE No.	DIAGNOSTIC CLASS AND DIAGNOSIS	No. TAKEN UP DURING THE MONTH AS					
		A	RA	ACD-AD	EC	FT	FS
25	PHARYNGITIS, ACUTE						
26	TONSILLITIS, ACUTE	2					
27	ALL OTHER DISEASES						
	CLASS IX: COMMUNICABLE DISEASES TRANS. BY INTESTINAL DISCHARGES						
28	DYSENTERY, BACILLARY						
29	PARATYPHOID FEVER						
30	TYPHOID FEVER						
31	ALL OTHER DISEASES						
	CLASS X: COMMUNICABLE DISEASES TRANS. BY INSECTS, ARTHROPODS						
32	DENGUE						
33	FILARIASIS						
34	MALARIA, MALIG. TERTIAN						
35	MALARIA, ALL OTHER FORMS						
36	TYPHUS, ENDEMIC (FLEA-BORNE)						
37	TYPHUS, EPIDEMIC (LOUSE-BORNE)						
38	TYPHUS, SCRUB (MITE-BORNE)						
39	ALL OTHER DISEASES						
	CLASS XI: TUBERCULOSIS						
40*	WHITE — PULM., ACTIVE						
41*	WHITE — PULM. REINFEC., ARRESTED						
42	WHITE — PULM. PRIMARY, HEALED						
43	WHITE — ALL OTHER DISEASES						
44*	NEGRO — PULM., ACTIVE						
45*	NEGRO — PULM. REINFEC., ARRESTED						
46	NEGRO — PULM. PRIMARY, HEALED						
47	NEGRO — ALL OTHER DISEASES						

Continued on reverse side

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Figure 65.—Monthly morbidity report (face).

permanently or in a transient status, at time of death.

10. When intervening disabilities occur while on sick leave, they shall be reported on NavMed–582 of the medical activity from which sick leave was granted.

11. When intervening disabilities occur while on convalescent leave, the first medical activity which takes up the individual on the sick list shall include the case in its Transient Personnel, NavMed–582.

12. Patients first admitted to hospitals other than naval hospitals shall be reported on NavMed–582 and entered on the sick list by the activities to which the patients are permanently attached.

13. Whenever a patient becomes the responsibility of the Medical Department of a naval activity other than the one to which he is permanently attached, he shall be reported as an FT (from transfer) on Transient Personnel, NavMed–582, of the activity taking the patient up from transfer.

14. A patient admitted to a hospital, other than a naval hospital, shall be reported on NavMed–582 of the activity to which the individual was last attached (permanently or as a transient). If such a patient is attached to an activity not having Medical Department personnel, the procedures directed in catagories 1, 2, 3, 4, 5, and 7, of this section shall be followed.

15. The U. S. Naval Hospital, Bethesda, Md., shall submit a NavMed–582 (type I) to include *all* the personnel except those reported in type II, Transient Personnel, attached to the National Naval Medical Center.

16. Transient personnel who become patients of the Medical Department of naval activities having 25 or more transient personnel temporarily attached during the report month, shall have their morbidity and mortality reported in the special Transient Personnel, NavMed–582, as described above.

HOSPITAL TICKET: NAVMED-G (MEN); NAVMED-416 (WOMEN)

The hospital ticket, as these two forms are commonly called, are identical with one exception. On the face of NavMed–G is printed a list of male clothing and effects whereas on NavMed–416 there is a list of female clothing and effects.

Form NavMed–G or NavMed–416 shall accompany each patient transferred to a hospital or hospital ship. Upon arrival of the patient at the hospital or hospital ship, it is the responsibility of the receiving agent to examine the hospital ticket, and the patient's clothing and effects should be checked against the list noted on the face of the form for verification or correction.

Upon discharge or transfer, the patient should receipt on the space provided on the face of NavMed–G or NavMed–416, whichever is applicable, for the clothing and effects returned. The receipted ticket is then placed in the patient's case-record folder.

When the hospital ticket is approved by the commanding officer it is sufficient authority to accomplish the transfer and no formal orders are required in the case of an enlisted man.

Officers being transferred to a hospital or hospital ship other than for temporary treatment usually require a set of formal orders in addition to a hospital ticket.

If a patient being transferred to a hospital or a hospital ship is a subject of disciplinary procedure a letter showing exact status should be forwarded together with the hospital ticket.

STANDARD FORM 88: REPORT OF MEDICAL EXAMINATION
STANDARD FORM 89: REPORT OF MEDICAL HISTORY

These two forms (designed by the Federal Inter-Agency Committee on Medical Forms) have recently been introduced for the purpose of establishing a uniform procedure in reporting medical examinations by all Federal agencies, including the armed forces.

Forms 88 and 89 supersede NavMed–Y, Report of Physical Examination, and NavMed–AV–1, Physical Examination for Flying, and are required to be executed in all instances in connection with physical examination of personnel in the naval service conducted by the individual medical officer or a constituted board of medical examiners. In each case standard form 88 should be submitted together with standard form 89. The latter is supplementary

HOSPITAL TICKET
NAVMED-G (REV. 4-45)

DATE 12-24-48

FROM: U.S.S. RELIEF
TO: U. S. Naval Hospital, Philadelphia, Pa.

The following-named patient with his Health Record, necessary transfer papers (Navpers Manual), and effects, inventoried under my supervision and certified to be correctly listed below, is hereby transferred to your charge.

NAME	RANK, GRADE, OR RATE	FILE OR SERVICE NO.
"J." Patrick Baatemann	Lt. MSC) USN	201-82

DIAGNOSIS (*from Nomenclature*)
Septic Sore Throat #820

EFFECTS OF PATIENTS TRANSFERRED

ITEM	QUANTITY	ITEM	QUANTITY	ITEM	QUANTITY
BAGS	2	COLLARS	12	MATTRESSES	
BATHING TRUNKS	1	COMBS	2	MATTRESS COVERS	
BLACKING		CRAVATS		NECKERCHIEFS	
BLANKETS	2	DRAWERS, LIGHT	12	OVERCOATS	1
BOOTS, RUBBER, PAIR		DRAWERS, HEAVY		PILLOWS AND PILLOW COVERS	
BROOMS, WHISK	1	GLOVES, PAIR	1	SEWING KIT	
BRUSHES, HAIR	1	HAMMOCKS		SHIRTS, GRAY	
BRUSHES, TOOTH	1	HANDKERCHIEFS	20	SHIRTS, WHITE	16
BRUSHES, SCRUB		HATS, RUBBER		SHOES, PAIR	4
BRUSHES, SHOE	1	HATS, WHITE		SHOES, GYMNASIUM, PAIR	
CAPS, CLOTH (FLAT CAPS)		JACKETS, WHITE		SOCKS, PAIR	24
CAPS, BLUE	1	JACKKNIVES		SUSPENDERS	3
CAPS, WHITE		JERSEY (SWEATERS)		TOWELS	8
CAPS, WHITE COVERS FOR	1	JUMPERS, DUNGAREE		TROUSERS, BLUE	3
CAPS, WATCH		JUMPERS, DRESS BLUE		TROUSERS, DUNGAREE	
COATS, BLUE		JUMPERS, UNDRESS BLUE		TROUSERS, KHAKI	
COATS, KHAKI		JUMPERS, DRESS WHITE		TROUSERS, WHITE	6
COATS, RUBBER (RAINCOAT)		JUMPERS, UNDRESS WHITE		UNDERSHIRTS, HEAVY	
COATS, WHITE	4	LEGGINGS	1	UNDERSHIRTS, LIGHT AND MEDIUM	12

ADDITIONAL ARTICLES

ITEM	QUANTITY	ITEM	QUANTITY
Miscellaneous toilet articles			
Wrist watch, Hamilton	1		
Top coat	1		
Electric razor	1		

INVENTORIED BY E. Morgan, HMC

O. B. Mortis, Lt.
(MC) U. S. N.

APPROVED W. T. HATCH
U. S. N., Commanding.

I Certify that my personal effects as listed above have been returned to me.

WITNESS _____ (Signature)

_____ (Signature of patient)

☆ U. S. GOVERNMENT PRINTING OFFICE : 1944 16—44340-1

Figure 66.—Hospital ticket—men.

HOSPITAL TICKET—WOMEN
NAVMED—416 (8-44)

FROM: U. S. RELIEF
TO: U. S. Naval Hospital, Portsmouth, Va.

DATE 12-24-48

The following named patient with her Health Record, necessary transfer papers (Bupers Manual), and effects, inventoried under my supervision and certified to be correctly listed below, is hereby transferred to your charge.

NAME	RANK, GRADE OR RATE
Ethel Rigor MORTIS	Ens. U.S.N.

DIAGNOSIS (*from Nomenclature*)
Salpingitis, Acute #2427

EFFECTS OF PATIENT TRANSFERRED

ITEM	QUANTITY	ITEM	QUANTITY	ITEM	QUANTITY
BATHING SUIT	1	HATS	2	SEWING KITS	1
BATHROBE	1	HAT COVERS, BLUE	1	SHIRTS, CHAMBRAY	2
BLACKING	1	HAT COVERS, GRAY	1	SHIRTS, NAVY BLUE	2
BRASSIERES	7	HAT COVERS, WHITE	1	SHIRTS, RESERVE BLUE	2
BRUSHES, HAIR	1	HAT DEVICES		SHIRTS, WHITE	3
BRUSHES, TOOTH	1	HAVELOCK		SHOES, BLACK	1
BRUSHES, CLOTHES	1	HOSE	3	SHOES, SPORT	1
BRUSHES, SHOE	2	HOUSECOAT	1	SHOES, WHITE	1
BOOKS		IRON, ELECTRIC, WITH CORD	1	SHOE POLISH, WHITE	1
CAPS, GARRISON	2	LAUNDRY BAGS	1	SLACKS, DUNGAREE	1
CLOTHES HANGERS	10	MUFFLERS	1	SLACKS, NAVY	1
CLOTHESPINS	24	NIGHTGOWNS	2	SLIPS	3
COLLAR DEVICES		OVERSHOES OR RUBBERS	1	SLIPPERS	1
COMBS	2	OVERCOATS	1	SMOCKS	1
COSMETIC CASE	1	PAJAMAS	2	SOCKS	2
COVERALLS	1	PANTIES	7	STATIONERY, BOXES	1
DITTY BAG	1	PENS AND PENCILS	2	STENCILS	
GARTER BELTS	2	RAINCOAT-OVERCOAT	1	SUITCASES	2
GIRDLES	2	RAINCOAT LINING	1	SWEATERS	2
GLOVES, BLACK	1	SANITARY BELTS	1	SWEATSHIRTS	3
GLOVES, WHITE	2	SERVICE JACKET, BLUE	1	TIES	3
GYM SUITS	2	SERVICE JACKET, GRAY	1	TOWELS	3
HANDBAG, BLACK WITH STRAP	1	SERVICE JACKET, WHITE	1	TURBANS	2
HANDBAG, WHITE, OR COVER	1	SERVICE SKIRTS, BLUE	2	WASHCLOTHS	6
HANDKERCHIEFS	6	SERVICE SKIRTS, WHITE	2	WORKING UNIFORMS, GRAY	2

ADDITIONAL ARTICLES

ITEM	QUANTITY	ITEM	QUANTITY

INVENTORIED BY Margaret S. Batemann, HMC

O. B. Hatch, Lt.
(MC) U. S. N.

APPROVED W. T. HATCH
U. S. N., Commanding.

I Certify that my personal effects as listed above have been returned to me.

WITNESS _____ *(Signature)*

_____ *(Signature of patient)*

U. S. GOVERNMENT PRINTING OFFICE 16—41319-1

Figure 67.—Hospital ticket—women.

Standard Form 88
PROMULGATED MARCH 1948
BY BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME		2. PLACE AND DATE OF EXAMINATION	
JONES, Robert James		NatNavMedCen, Bethesda, Md. 18 Aug 48	
3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
1 Feb 18	30	123456	Application for apptmt. MSC, USN
7. SERVICE, DEPARTMENT, OR AGENCY		8. COMPONENT AND BRANCH	9. ORGANIZATION / 10. GRADE, RATING, OR POSITION
U. S. NAVY		HC, USNR	NMS, NNMC, Bethesda, Md. / CWO
11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)	
M	W US	Annapolis, Md.	
14. PLACE OF BIRTH		15. OTHER DATA	
Maryland			

16. RATING OR SPECIALTY Supply & Admin. (*Time in this capacity*) TOTAL 3 yrs. LAST 6 MONTHS Same

17. MEASUREMENTS HEIGHT (*Shoeless*)	WEIGHT (*Stripped*)	18. BUILD (*Including frame and figure*) MEDIUM	SLENDER	HEAVY	OBESE	19. TEMP.
68 INS.	141 LBS.		X			

20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS N. S. A. [X]

21. LYMPH GLANDS AND LYMPHATICS N. S. A. [X]

22. HEAD, FACE, AND NECK—N. S. A. [X]

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. [X]

24. EARS—A. CANALS, EXT. EARS—N. S. A. [X]

B. DRUMS—NO PERFORATION [X] N. S. A. [X]

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15 /15; SV 15 /15
LEFT WV 15 /15; SV 15 /15

D. AUDIOMETER DECIBEL LOSS

	256	512	1024	2048	4096	8192
RIGHT	25	20	5	0	0	0
LEFT	-5	-5	-10	0	0	0

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. [X] LEFT EYE—N. S. A. [X]

B. PUPILS—EQUAL [X] NORMAL TO ACCOMMODATION [X] TO LIGHT [X]

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. [X]

D. DISTANT VISION — E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE
RIGHT 20/ 30/ CORR. TO 20/ 20 BY -0.25 s. C -0.50 cx 180
LEFT 20/ 30/ CORR. TO 20/ 20 BY -0.25 s. C -0.50 cx 180

F. NEAR VISION—(*At 14 inches*)
CORR. TO Normal without glasses BY
CORR. TO BY

G. COLOR VISION—N. S. A. [X] TEST USED AOC 1940

H. HETEROPHORIA (*Specify distance*) None — ES° EX° R. H. L. H. PRISM DIVERGENCE PRISM CONVERGENCE

I. RED LENS—N. S. A. [ ]

J. FIELD OF VISION—RIGHT—N. S. A. [X] LEFT—N. S. A. [X]

K. DEPTH PERCEPTION TEST USED SCORE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. [X] LEFT—N. S. A. [X]

M. ACCOMMODATION—RIGHT LEFT

N. NIGHT VISION TEST USED SCORE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH: I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (T X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N. WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	
UR	X	(	X	)	F	N	N	N		N	N	N	F	X	F	F	X	UL
LR	X	F	(F)	N	N	N	N	N		N	N	N	F	F	F	F	X	LL

____ MALOCCLUSION—N. S. A. [ ]
____ PERIODONTOCLASIA—N. S. A. [ ]
____ GINGIVITIS—N. S. A. [ ]

REMARKS AND DISQUALIFYING DENTAL DEFECTS
Diastema 1/8" between 3/ & 2/

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)

SITTING: PULSE	84	B. P.: S. 106	D. 58	RECUMBENT: PULSE 60	B. P.: S. 116 D. 66
STANDING (*3 min.*): PULSE	90	B. P.: S. 104	D. 82	SITTING: PULSE AFTER EXERCISE 108	: 2 MIN. AFTER 84

28. LUNGS—N. S. A. [X] CHEST—N. S. A. [X] (*Include breasts for females*)
Measurements:
Inspiration - 36"
Expiration - 33"

29. CHEST—N. S. A. [X] NOT DONE [ ] X-RAY

30. HEART—N. S. A. [X]

31. EKG—N. S. A. [ ] NOT DONE [X]

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. [X]

B. VARICOSE VEINS—NONE [X]

16—54662-1

Figure 68.—Face of form 88.

ENCLOSURE A (Back)

33. ABDOMEN AND VISCERA—N. S. A. [X] A. LIVER—N. S. A. [ ] B. SPLEEN—N. S. A. [ ] C. MASSES—NONE [ ]

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)
NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A. [X]

36. VENEREAL DISEASE
NONE [X]

37. ENDOCRINE SYSTEM
N. S. A. [ ]

38. G-U SYSTEM N. S. A. [X] (*Include prostate exam. if indicated*) PELVIC—N. S. A. [ ] VAGINAL DONE [ ] OR RECTAL DONE [ ]

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. [X] B. FEET—N. S. A. [X]

C. GAIT—N. S. A. [X]

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL. (*Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.*) B. PSYCHIATRIC AND PERSONALITY. (*Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.*)

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [X] C. PSYCHOLOGICAL TESTING — TEST USED — SCORE — TEST USED — SCORE — D. PERSONALITY DEVIATION YES [ ] NO [X] (*If answer is yes, explain and cite recommendations under Item No. 45*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)	B. URINALYSIS	ALBUMIN	SUGAR	C. BLOOD TYPE AND CLASSIFICATION USED
Kahn negative	SP. GR. 1.022	Neg	Neg	
	MICROSCOPIC Normal			D. OTHER LABORATORY EXAMINATIONS

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS

DEFECTS NOTED: (1) Defective vision, myopia, corrected to 20/20 (NCD).

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY
EXAMINEE (IS) OR (IS NOT) (*Strike out one*) QUALIFIED FOR APPOINTMENT IN MSC, USN
TYPE OF QUALIFICATION
IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED J.D. SMITH, LT, MC, USNR	
45. SIGNATURE OF PHYSICIAN	NAME TYPED OR PRINTED R.B. TENDER, LTJG, MC, USN	
46. SIGNATURE OF DENTIST ~~OR PHYSICIAN~~ (*Indicate which*)	NAME TYPED OR PRINTED R.D. BRIDGES, LTJG, DC, USN	
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED (none, in this case).	DATE 19 Aug 1948

U. S. GOVERNMENT PRINTING OFFICE 16—54662-1

(Note: Completed copies will have same distribution as for NAVMED-Y and AV-1).

Figure 69.—Back of form 88.

Standard Form 89
Promulgated March 1948
By Bureau of the Budget
Circular A-24

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME		2. PLACE AND DATE OF EXAMINATION	
JONES, ROBERT JAMES		NAT NAV MED CEN, BETHESDA, MD. 18 Aug 1948	
3. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY	5. IDENTIFICATION NO.	6. PURPOSE OF EXAMINATION
1 FEB '18	30	123 456	APPT. TO MSC
7. SERVICE, DEPARTMENT, OR AGENCY		8. COMPONENT AND BRANCH	9. ORGANIZATION
U.S. NAVY		HC, USNR	NMS, NNMC, BETH MD.
10. GRADE, RATING, OR POSITION			
C.W.O.			
11. SEX	12. RACE	13. HOME ADDRESS (*Street, or RFD number, city, zone, State*)	
M	W	536 HOMECREST RD., ANNAPOLIS, MD.	
14. PLACE OF BIRTH		15. OTHER DATA	
ANNAPOLIS, MARYLAND		—	

16 FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD—CAUSE OF DEATH	AGE AT DEATH
FATHER	55	GOOD		
MOTHER	52	GOOD		
BROTHERS OR SISTERS	—			
WIFE ~~OR HUSBAND~~		EXCELLENT		
CHILDREN	—			

17. HAS ANY BLOOD RELATION (*Parent, brother, sister, other*) OR HUSBAND OR WIFE:

	CHECK YES	CHECK NO	RELATION(S)
HAD TUBERCULOSIS		✓	
HAD SYPHILIS		✓	
HAD FITS		✓	
HAD KIDNEY TROUBLE		✓	
HAD CANCER		✓	
COMMITTED SUICIDE		✓	
HAD DIABETES		✓	
HAD ASTHMA, HAY FEVER, OR HIVES	✓		UNCLE
BEEN INSANE		✓	

18. HAVE YOU EVER (*Check yes or no*):

	CHECK YES	CHECK NO		CHECK YES	CHECK NO		CHECK YES	CHECK NO
WORN GLASSES	✓		HAD A RUPTURE		✓	ATTEMPTED SUICIDE		✓
WORN AN ARTIFICIAL EYE		✓	WORN A BRACE OR BACK SUPPORT	✓		HAD SYPHILIS		✓
WORN HEARING AIDS		✓	HAD FOOT TROUBLE		✓	HAD SERUM REACTION		✓
STUTTERED OR STAMMERED						LIVED WITH ANYONE WHO HAD TUBERCULOSIS		✓

19. HAVE YOU EVER HAD OR HAVE YOU NOW (*Check yes or no*):

	CHECK YES	CHECK NO		CHECK YES	CHECK NO		CHECK YES	CHECK NO		CHECK YES	CHECK NO
SCARLET FEVER		✓	RUNNING EARS		✓	TUMOR, GROWTH CYST, CANCER		✓	"TRICK" OR LOCKED KNEE		✓
DIPHTHERIA		✓	GOITER		✓	APPENDICITIS		✓	NEURITIS		✓
RHEUMATIC FEVER		✓	TUBERCULOSIS		✓	PILES OR RECTAL DISEASE		✓	PARALYSIS (*Including infantile*)		✓
MEASLES		✓	ASTHMA		✓	VERY FREQUENT OR PAINFUL URINATION		✓	EPILEPSY OR FITS		✓
MUMPS		✓	PNEUMONIA		✓	KIDNEY STONE OR BLOOD IN URINE		✓	CAR, TRAIN, SEA, OR AIR SICKNESS	✓	
CHICKEN POX		✓	SHORTNESS OF BREATH		✓	SUGAR OR ALBUMIN IN URINE		✓	FREQUENT TROUBLE SLEEPING OR SLEEP WALKING		✓
WHOOPING COUGH		✓	PAIN OR PRESSURE IN CHEST	✓		FEMALE DISORDERS		✓	FREQUENT OR TERRIFYING NIGHTMARES		✓
FREQUENT OR SEVERE HEADACHES	✓		CHRONIC COUGH		✓	VENEREAL DISEASE		✓	DEPRESSION		✓
DIZZINESS OR FAINTING SPELLS		✓	PALPITATION OR POUNDING HEART		✓	RECENT GAIN OR LOSS OF WEIGHT		✓	LOSS OF MEMORY		✓
SEVERE EYE, EAR, NOSE, OR THROAT TROUBLE	✓		HIGH OR LOW BLOOD PRESSURE	✓		ARTHRITIS		✓	BED WETTING AFTER 8 YEARS OF AGE		✓
CHRONIC OR VERY FREQUENT COLDS		✓	FREQUENT OR SEVERE INDIGESTION		✓	BONE, JOINT, OR OTHER DEFORMITY	✓		NERVOUS TROUBLE OF ANY SORT		✓
TRENCH MOUTH OR PYORRHEA		✓	STOMACH, LIVER, OR INTESTINAL TROUBLE	✓		LAMENESS		✓	ANY DRUG OR NARCOTIC HABITS		✓
SINUSITIS		✓	GALL BLADDER TROUBLE OR GALL STONES		✓	LOSS OF ARM, LEG, FINGER, OR TOE	✓		ALCOHOLISM		✓
HAY FEVER		✓	JAUNDICE		✓	PAINFUL OR "TRICK" SHOULDER OR ELBOW		✓			

20. HAVE YOU HAD ILLNESSES OTHER THAN THOSE LISTED ABOVE? YES ☐ NO ☑ (*If yes, describe and give age at which occurred*)

21. HAVE YOU HAD ACCIDENTS OR INJURIES OTHER THAN THOSE LISTED ABOVE? YES ☐ NO ☑ (*If yes, describe and give age at which occurred*)

22. HAVE YOU HAD OR HAVE YOU BEEN ADVISED TO HAVE ANY OPERATIONS? YES ☐ NO ☑ (*If yes, describe and give age at which occurred*)

23. HAVE YOU EVER BEEN A PATIENT IN A HOSPITAL? YES ☑ NO ☐ (*If yes, specify when, where, and why*)

1936, ST. AGNES HOSP., BALSTON, MAINE, TONSILLECTOMY

16—54663-1

Figure 70.—Face of form 89.

24. HAVE YOU EVER BEEN A PATIENT (COMMITTED OR VOLUNTARY) IN A MENTAL HOSPITAL? YES ☐ NO ☑ *(If yes, specify when, where, and why)*

25. HAVE YOU EVER BEEN INOCULATED AGAINST THE FOLLOWING (*Check*); IF YES, IN WHICH YEAR DID YOU RECEIVE THE LAST INOCULATION?

DISEASE	CHECK YES	CHECK NO	YEAR	DISEASE	CHECK YES	CHECK NO	YEAR	DISEASE	CHECK YES	CHECK NO	YEAR	DISEASE	CHECK YES	CHECK NO	YEAR
DIPHTHERIA	✓		AS CHILD	TYPHOID FEVER	✓		47	ROCKY MOUNTAIN SPOTTED FEVER		✓		YELLOW FEVER		✓	
SMALLPOX	✓			INFLUENZA		✓		TYPHUS FEVER	✓		45	PLAGUE		✓	
TETANUS	✓			WHOOPING COUGH	✓		AS CHILD	CHOLERA	✓		45	JAPANESE B. ENCEPHALITIS		✓	

26. OCCUPATIONAL HISTORY ARE YOU RIGHT HANDED? ☐ LEFT HANDED? ☐

	CHECK YES	CHECK NO
HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCES?		✓
HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:		
SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.?		✓
INABILITY TO PERFORM CERTAIN MOTIONS?		✓
INABILITY TO ASSUME CERTAIN POSITIONS?		✓
OTHER MEDICAL REASONS (*If yes, give reasons*)		

HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? YES ☐ NO ☐
IF YES, STATE REASON AND GIVE DETAILS.

HAVE YOU EVER BEEN DISQUALIFIED FOR DUTY IN OR DISCHARGED FROM THE ARMED SERVICES FOR PHYSICAL OR MENTAL REASONS? YES ☐ NO ☑ IF YES, GIVE REASONS.

HOW MANY JOBS HAVE YOU HAD IN THE PAST 3 YEARS? ONE

WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? _____ MONTHS

WHAT IS YOUR USUAL OCCUPATION? SUPPLY AND ADMINISTRATION

27. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR DISABILITY? YES ☐ NO ☑ IF YES, GIVE DETAILS AND SPECIFY AS FOLLOWS:

A. WHAT KIND?

B. GRANTED BY WHOM?

C. WHEN?

D. WHY?

28. HAVE YOU EVER CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? YES ☐ NO ☑ *(Give details and reasons)*

HAVE YOU TREATED YOURSELF FOR ILLNESSES? YES ☐ NO ☑ IF YES, WHICH ILLNESSES?

29. HAVE YOU ANY PHYSICAL OR MENTAL COMPLAINTS AT PRESENT? YES ☐ NO ☑ IF YES, GIVE DETAILS AND DURATION.

30. I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Robert James Jones
(SIGNATURE OF EXAMINEE)

ROBERT JAMES JONES
(NAME TYPED OR PRINTED)

31 SUMMARY OF HISTORY (*With elaboration of pertinent data*) AND ADDITIONAL HISTORY (*To be supplied only by physician or examiner*)

ESSENTIALLY NEGATIVE

32. SIGNATURE OF PHYSICIAN OR EXAMINER	NAME TYPED OR PRINTED	DATE
R.B. Tender	R.B. TENDER, LT. (jg) (MC), USN	8-18-48

U. S. GOVERNMENT PRINTING OFFICE 16—54663-1

Figure 71.—Back of form 89.

to standard form 88 and should be prepared by the individual applicant or candidate. All questions should be answered fully, with certification by the examinee that the information submitted is, to the best of his knowledge, true and complete.

Report of Medical History, standard form 89, is required to be executed in the following cases:

(a) Original applications from civilian or military personnel for appointments in the Regular Navy, Naval Reserve, Marine Corps or Marine Corps Reserve, and for transfer from the Naval Reserve to the Regular Navy, or from the Marine Corps Reserve to the Marine Corps. The completed Report of Medical History (S.F. 89) on officer applicants should be forwarded with the Report of Medical Examination (S.F. 88) to the Bureau of Medicine and Surgery.

(b) Applications of all men and women for enlistment in the Regular Navy, Naval Reserve, Marine Corps, or Marine Corps Reserve. Men and women with prior Regular Navy or Marine Corps service reenlisting in the USN, USNR, USMC, or USMCR will be required to execute this form only when enlistment is not effected under conditions of continuous service, i.e., within 3 months following date of discharge. The completed Report of Medical History (S.F. 89) on applicants for enlistment should be forwarded with the Physical Examination (NavMed–H–2) to the appropriate training station which will in turn forward the papers to the Bureau of Medicine and Surgery.

(c) Applications of all candidates for officer training (Naval Academy, N.R.O.T.C., Midshipmen Merchant Marine Reserve, Marine Corps Officer Training programs, and Naval Aviation Cadets). The completed Report of Medical History (S.F. 89) should be forwarded with the Report of Medical Examination (S.F. 88) to the Bureau of Medicine and Surgery.

NAVMED FORM HC-3—RECEIPT, TRANSFER, AND STATUS CARD

This report is the basic source of the Bureau of Medicine and Surgery's information regarding the distribution of its enlisted personnel and officers of the Hospital and Medical Service Corps.

This report is prepared whenever a change occurs in the status of an enlisted medical or dental man or in the status of a Hospital Corps or Medical Service Corps officer. Such changes in status include: receipt, transfer, promotion, demotion, death, desertion, discharge, enlistment, and leave or admission to the sick list for more than ten days.

The original of this form is forwarded to the Bureau of Medicine and Surgery immediately, with carbon copies to be distributed according to the distribution list established by the local district medical or dental officer.

The system of grading listed on the reverse of this form (superior, above average, etc.) is used only on cards submitted on enlisted personnel—never on officer personnel.

This card is usually signed by the head of the medical or dental division of the ship or station if that person is an officer. If the head of division is an enlisted man, the form is signed by an officer designated by the commanding officer. In large medical or dental commands, the personnel officer may be designated to sign all cards.

NAVMED FORM HC-4: ROSTER REPORT OF THE HOSPITAL CORPS

This monthly report is designed to reflect in summary form the personnel assignments of medical and dental personnel at the various activities in the Navy as of midnight on the first day of each month.

The face of this form is divided into two general sections. The first section is used to indicate the personnel allowed to an individual activity as compared to the number of personnel actually on duty. These figures are broken down by rate and by technical designation.

The second section lists alphabetically all the HC–3 cards which have been submitted since the previous HC–4 was prepared. Any one man could have his name listed several times in this section during any one month or could go several months without having his name listed here, dependent upon the number of changes in his status.

NavMed HC-3 (1944)

Receipt, Transfer, and Status Card

SDB: 1-15-49

1. Name DOYLE, John Sherman — 1 (a) Rank or Rate DT 1 (91500-76) USN

2. File or Service No. 300 00 01 — 2 (a) Exp. Enl. 2-18-51

3. Arrived U.S.S. RESERVESHIP (AD95) (Ship or station) — 3 (a) Date Recd. 1-15-49

4. FOR Duty
(Duty, temporary duty, FFT, treatment—give diagnosis, instruction, etc.)

5. Received from USN Operating Base, Blank, Virginia

6. Transferred to U.S.S. DUNBAR (DD9999) Date 4-18-49

7. Change in status ____ Date ____
(Dischgd., ext. enl., agreem't to ext. enl., change rating, deserted, adm. sick list, confined, leave, overtime, etc.)

8. Authority BuPers Dispatch 121349 of April 1949
(BuPers, District Commandants, Fleet Commands, Commanding Officers, etc.)

9. Technical Specialty None

10. Special Qualifications Clerical Procedures

***IMPORTANT*—Continue on reverse. See Instructions on inside of cover**

16—39569-2

Figure 72.—NavMed Form HC-3 (face of form).

11. Next of kin (Wife): Mrs. Mary Jane DOYLE

12. Permanent address 139 Front St., Blank, Virginia

13. PERSONAL QUALIFICATIONS—**Enlisted Personnel Only:**
(Indicate as: *Superior, Above average, Average, Below average, Unsatisfactory*)

Application Superior Cooperation A. Aver. Dependability A. Aver.
Energy Superior Personality Average Leader of men A. Aver.

14. Remarks ____

15. **To Be Filled in on Initial Entry Into Hospital Corps:**

Date of birth ____ Place of birth ____
Date of enlistment ____ Place ____ For ____
Rate and class at enlistment ____ Date of active duty ____

John N. Gardener
LT, DC, U. S. N.

See Bureau Circular Letter M-6 for detailed instructions relative to preparation and submission of this form

☆ GPO 16—89569-1

Figure 73.—NavMed Form HC-3 (back of form).

NAVMED-HC-4 (Rev. 2-45)

ROSTER REPORT OF THE HOSPITAL CORPS

To be submitted on the second day of the month

U. S. Naval Operating Base
(Use same title as complement sheet NavPers 639)

PLACE Blank, Virginia

DATE 2 October 1948

TO: Bureau of Medicine and Surgery.
SUBJECT: Roster Report of the Hospital Corps for the MONTH ending MIDNIGHT 1st day of October 1948

FORWARDED O. L. SMITH
CAPT, U. S. Navy
(Commanding)

John S. MARTIN
CAPT, DC, U. S. Navy
Signature, rank or rate of Medical Department representative responsible for preparing report.

INSTRUCTIONS: Read Bureau of Medicine and Surgery Circular Letter M-7, Appendix D, Manual of the Medical Department, before preparing this report.

Allowance figures required in this table are obtained from BuNavPers Form 350 for officers and Form 639 for enlisted men

ALLOWANCE	COMMISSIONED MSC	CWO WO	TOTAL OFFICERS	C. PH. M.	PH. M. 1C	PH. M. 2C	PH. M. 3C	HOSP. APP. 1C	HOSP. APP. 2C	TOTAL ENLISTED
AUTHORIZED	3	0	3	6	7	8	12	9	0	42
ON BOARD	1	2	3	6	3	7	12	7	0	35

ENLISTED HOSPITAL CORPS TECHNICIANS

	AVT	CMT	DGT	DPT	ELT	EMT	LBT	NPT	NPTCL	ORT	PAT	PCT	PHT	XRT	DRM				
AUTHORIZED				12			0				0				1				
ON BOARD				7			1				1				1				

ENLISTED, RECEIVED, OR TRANSFERRED SINCE LAST REPORT[1]
(TO INCLUDE HOSPITAL CORPS OFFICERS, CHIEF PHARMACISTS AND PHARMACISTS)

NAME (SURNAME FIRST, CHRISTIAN NAME, AND INITIALS.) ARRANGE ALPHABETICALLY REGARDLESS OF RATINGS. (OFFICERS FIRST.) (A)	RANK OR RATE[2] (B)	R, T, E, REEN, EXEN, D, DES, DD, CR, S[3] (C)	DATE[4] (D)	RECEIVED FROM OR TRANSFERRED TO[5] (IF DISCHARGED GIVE CHARACTER OF DISCHARGE) (E)
ABBOTT, Ned (n)	DN	T	9-27-48	RS YBI San Fran., Calif. FFT
BARNES, William A.	DN	CR	9-8-48	CR from HN to DN
BARNES, William A.	DN	T	9-8-48	USNAS, Norfolk, Va.
BENTON, Arthur G.	DT2	T	9-8-48	NDS NNMC, Beth.Md. (Staff)
BENTON, Arthur G.	DT2	R	9-8-48	NDS NNMC, Beth.Md. (Instr)
BRILL, Richard B.	DA	CR	9-8-48	CR from HA to DA
BRILL, Richard B.	DA	T	9-8-48	USNTC Great Lakes, Ill.
BURNES, John C.	DN	CR	9-16-48	CR from DA to DN
CHESTER, Floyd (n)	DN	CR	9-8-48	CR from HN to DN
CHESTER, Floyd (n)	DN	T	9-8-48	USNTC Great Lakes, Ill.
DAVIS, Kelly (n)	DT1	D	9-22-48	HonDisch - EE
DAVIS, Kelly (n)	DT1	REEN	9-23-48	Reenlisted on board for two years.
DAVIS, Kelly (n)	DT1	T	10-1-48	NSHA NNMC, Bethesda, Md.
FRANKS, William J.	DT3	D	9-16-48	HonDisch - EE

[1] Including Hospital Corps patients and prisoners from other stations. Temporary changes in status or station of "staff" hospital corpsmen NOT to be reported
[2] Indicate by abbreviation as directed in BuNavPers Manual, and specify F. R., N. R., or Ret. when indicated.
[3] R, received; T, transferred; E, enlisted; Reen, reenlisted; ExEn, extended enlistment; D, discharged; Des, deserted; DD, died; CR, change in rating; S, received as patient.
[4] Use figures, e. g., 7-1-44 for July 1, 1944.
[5] If transferred via some other ship or station indicate same.

CONTINUE THIS GROUP ON NAVMED-HC-4a, IF NECESSARY

16—39569-8

Figure 74.—NavMed Form HC-4 (face of form).

REMAINING AT END OF MONTH

ARRANGE ALPHABETICALLY BY RANK OR RATE, OFFICERS FIRST

NAME [1] (SURNAME FIRST, CHRISTIAN NAME, AND INITIALS) I	RANK OR RATE II	ORIGINAL DATE OF REPORTING III	DATE OF BEGINNING OF PRESENT TOUR OF SEA OR SHORE DUTY IV	REMARKS (STATE DUTY ASSIGNED.) IF SICK, STATE DIAGNOSIS AND PROBABLE DATE OF DISCHARGE. (IF ON BOARD AWAITING TRANSFER, STATE ULTIMATE DESTINATION) V	IF QUALIFIED TECHNICIAN, LIST SPECIALTY USE ABBREVIATION (LBT=LABORATORY) VI
		DENTAL OFFICERS (24)			
DAWSON, Harry F.	CAPT, DC	5-25-48	3-12-47	Assistant to Head of Department	
MARTIN, John S.	CAPT, DC	6-11-47	9-11-46	Head of Department	
(Balance of Dental Officers listed here alphabetically by rank)					
		MSC and HC OFFICERS (3)			
JOHNSON, James P.	LT MSC	5-27-48	3-14-46	Administrative Assistant	
ALTON, Peter L.	CWO HC	6-25-46	12-12-44	Property and Accounting Officer	
STEVENS, John J.	CWO HC	1-13-47	9-17-43	Assist. Instr. DentTechPros	
		DENTAL TECHNICIAN CHIEF (6)			
BARRY, Helen G.	DTC-W	7-17-48	8-30-46	Instructor - DentTechGen	
		DENTAL TECHNICIAN FIRST (3)			
		(List Alphabetically)			
Balance of personnel on board as of midnight the FIRST of the month listed alphabetically by rate as shown above. Supernumeraries shown in separate section. If more than one (1) page required for report, use follow sheet (NavMed Form HC-4a or piece of plain paper).					

[1] Alphabetically by ratings.

CONTINUE THIS GROUP ON NAVMED HC4A, IF NECESSARY

16—39568-1 ☆ U. S. GOVERNMENT PRINTING OFFICE: 1944

ROSTER REPORT OF THE HOSPITAL CORPS (BACK) NAVMED HC4 (REV. 5-44)

Figure 75.—NavMed Form HC-4 (back of form).

The reverse of this form is used to list all enlisted medical and dental personnel, all officers of the Hospital Corps and Medical Service Corps and all officers of the Dental Corps on board as of midnight the first day of each month.

These men are listed alphabetically according to rank or rate, according to their duty status. Staff members are listed in one group and the various types of supernumeraries (patients, transients, students, etc.) are listed separately.

This form is submitted by the senior medical or dental department representative and forwarded by the commanding officer. In a medical or dental command, the form will be prepared by a person designated by the commanding officer then forwarded by the commanding officer.

NAVMED FORM E: STATEMENT OF RECEIPTS AND EXPENDITURES OF MEDICAL DEPARTMENT PROPERTY

This quarterly report is the basic financial report to be submitted by medical and dental units.

Its purpose is to present to the Bureau of Medicine and Surgery a picture of the financial status (in regard to supplies, equipment, and services) of an activity and the changes which have taken place during the preceding 3 months.

The face of this form gives the money value of the supplies and equipment on hand at the beginning of the quarter; the total value and source of supplies, equipment and services received during the quarter; the total value and method by which supplies, equipment and services were consumed during the quarter; and the total money value of the supplies and equipment remaining on hand at the end of the quarter.

The reverse of the form is used to report in detail the transactions reported in total on the face of the report.

Needless to say, the figures reported on the reverse of the form must agree with the totals shown in the corresponding sections on the face of the report and the final totals must agree with the supplies and equipment ledgers of the activity.

The Navy issues standard receipt and expenditure journal sheets which simplify preparation of this report. If financial transactions are recorded on these journal sheets as they occur, it will merely be necessary to total the various money columns to fill in the face of the report. The remarks columns of these journals will furnish the information required for the reverse of the report and thus insure agreement between these two sections.

Signed copies of all transfer vouchers and inventory adjustment vouchers completed during the quarter must be enclosed when submitting this report.

NAV. S AND A FORM 127: RECEIPT AND EXPENDITURE INVOICE

This Supplies and Accounts form has two names—Transfer Voucher Issued and Transfer Voucher Received.

When authority has been received to transfer material from one activity, the transferring activity prepares this form.

To the transferring activity, this form is a TVI (transfer voucher issued), and it assigns its TVI number to the form as it is prepared.

When the material is transferred, the receiving activity endorses the form and retains sufficient copies for its files. To the receiving activity, this form is a TVR (Transfer Voucher Received), and it assigns its TVR number to the same form.

When properly receipted, this form serves as authority for the transferring activity to remove the material from its ledgers and for the receiving activity to take the material upon its ledgers.

Both the TVI and the TVR numbers are numbered serially by fiscal year (1-49, 2-49, etc.), but the numbers are independent of each other. TVI 10-49 would be the tenth voucher to be prepared by the issuing activity during fiscal year 1949. If this happened to be the first voucher to be received by the receiving activity during fiscal year 1949, however, it would be assigned a TVR number of 1-49.

NAVMED-E (Rev. 7-48)

STATEMENT OF RECEIPTS AND EXPENDITURES OF MEDICAL DEPARTMENT PROPERTY

U. S. NAVAL OPERATING BASE, BLANK, VIRGINIA (Activity) For Quarter Ended 31 December 1947

Land $ 0.00 Buildings $ 0.00

EQUIPMENT					
1. Balance from previous quarter (line 13, last statement)			D	$ 11,000.00	$ 23,200.50
RECEIPTS					
2. Medical supply facilities	D	$210.40	$520.00		
3. Naval stock account material	D	0.00	21.10		
4. Public vouchers	D	35.00	110.00		
5. Transfer vouchers received	D	265.00	75.00		
6. Other	D	80.06	0.00		
7. Total receipts (lines 2 through 6)			D	590.46	726.10
8. Total (line 1 plus line 7)			D	$ 11,590.46	$ 23,926.60
EXPENDITURES					
9. Approved survey	D	$133.84	$489.00		
10. Transfer vouchers issued	D	80.00	128.60		
11. Other	D	0.00	0.00		
12. Total expenditures (lines 9 through 11)			D	213.84	617.60
13. Balance to next quarter (line 8 less line 12)			D	$ 11,376.62	$ 23,309.00
SUPPLIES AND SERVICES					
14. Balance from previous quarter (line 36, last statement)			D	$ 800.00	$ 3,025.87
RECEIPTS					
15. Medical supply facilities	D	$275.00	$785.10		
16. Naval stock account material	D	44.25	121.15		
17. Civilian labor	D	525.00	752.00		
18. Public vouchers	D	20.00	108.00		
19. Transfer vouchers received	D	0.00	0.00		
20. Other	D	0.00	0.00		
21. Total receipts (lines 15 through 20)			D	864.25	1,766.25
22. Total (line 14 plus line 21)			D	$ 1,664.25	$ 4,792.12
EXPENDITURES					
23. Catalog of medical matériel	D	$ 95.00	$410.25		
24. Office supplies	D	30.00	75.15		
25. Transportation services or supplies	D	0.00	0.00		
26. Special diets		0.00	23.00		
27. Salaries (Group IVb)	D	525.00	752.00		
28. Wages (other than Group IVb)	D	0.00	0.00		
29. Miscellaneous supplies and services	D	10.00	95.00		
30. Laundry services	D	10.00	36.00		
31. Care of the dead		0.00	0.00		
32. Approved survey	D	0.00	0.00		
33. Transfer vouchers issued	D	15.00	0.00		
34. Other	D	162.08	0.00		
35. Total expenditures (lines 23 through 34)			D	847.08	1,391.40
36. Balance to next quarter (line 22 less line 35)			D	$ 817.17	$ 3,400.72

COMPLEMENT		
37. Average active duty service personnel during quarter		15,024
38. Average number of civil employees at station during quarter		121
39. Totals		15,145

MEDICAL SERVICES RENDERED	Number of individuals	Number of treatments
40. Civil employees: Section 9, Comptroller Act	0	0
41. Civil employees: Public Law 658—79th Congress	0	0
42. Dependents	6	9
43. Civilians, others, humanitarian	10	10
44. Subtotal (lines 40 through 43)	16	19
45. Military personnel, active	823	1,421
46. Military personnel, inactive and retired	12	27
47. Total (lines 44 through 46)	851	1,467

The respective values stated herein as on hand (lines 13 and 36) at the close of the Quarter have been verified by actual inventory and agree with the balances in the equipment and supplies ledgers

SUBMITTED:
Henry B. STONE
CAPT, MC, U.S.Navy
(Medical Department)

John S. Martin
CAPT, DC, U.S.Navy
(Dental Department)

FORWARDED:
CAPT. O. L. SMITH, U.S.N.
(Commanding)

(See reverse side)

16—19471-1

Figure 76.—NavMed Form E (face of form).

1. ANALYSIS OF MEDICAL STORES INVOICES RECEIVED (NAVMED-255)

Req. No.	Invoice No.	Date Received	Equipment	Supplies	Total
SD-1-48	111 097	10-2-47	$520.00	$ 0.00	$ 520.00
SD-2-48	120 513	10-?-47	0.00	78.88	78.88
SD-3-48	112 176	10-4-47	0.00	547.52	547.52
SD-4-48	001 003	10-30-47	210.40	0.00	210.40
SD-5-48	125 106	10-28-47	0.00	237.58	237.58
SD-6-48	126 151	12-17-47	0.00	196.12	196.12
		Totals	$730.40	$1,060.10	$1,790.50

2. ANALYSIS OF NSA MATERIAL RECEIVED (LINE 4 NAVEXOS 2675)

Month	Equipment	Supplies	Total
October	$ 10.05	$ 85.10	$ 95.15
November	8.00	42.75	50.75
December	3.05	37.55	40.60
Totals	$ 21.10	$ 165.40	186.50

3. ANALYSIS OF CIVILIAN LABOR RECEIVED (LINE 5 NAVEXOS 2675)

Month	Total
October	$ 426.00
November	425.00
December	426.00
Total	$1,277.00

4. ANALYSIS OF PUBLIC VOUCHERS RECEIVED (LINE 6 NAVEXOS 2675)

Month	Equipment	Supplies	Services	Total
October	$ 35.00	$ 40.00	$ 17.00	$ 35.00
November	75.00	10.00	19.00	10.00
December	35.00	32.00	10.00	10.00
Totals	$145.00	$ 82.00	$ 46.00	$ 55.00

5. ANALYSIS OF TRANSFER VOUCHERS RECEIVED (NAVSANDA 127)

TVR No.	Received From	Equipment	Supplies	Services	Total
1-48	U.S.S. SHIP	$265.00			$ 265.00
2-48	U.S. Naval Station, Blank, Va.	75.00			75.00
	Totals	$340.00	0.00	0.00	$ 340.00

6. ANALYSIS OF TRANSFER VOUCHERS ISSUED (NAVSANDA 127)

TVI No.	Issued to—	Authority	Equipment	Supplies	Services	Total
			$ 75.00	$		$ 75.00
				15.00		15.00
			128.60			128.60
		Totals	$203.60	$15.00	0.00	$ 218.60

7. ANALYSIS OF APPROVED SURVEYS (NAVSANDA 154)

Survey No.	Date of Approval	Total Value	TVI to Sup. Dept.	TVI to N.M.S.D.	Net Value
3-48	11-15-47	$138.84	$ 5.00	$ 0.00	$ 133.84
4-48	11-21-47	533.00	0.00	44.00	489.00
	Totals	$671.84	$ 5.00	$ 44.00	$ 622.84

REMARKS:

IAV- No. 1-48 Supplies reclassified as equipment $80.06
IAV- No. 2-48 Supplies - price adjustment (decrease) 82.02

U. S. GOVERNMENT PRINTING OFFICE 16—10471-1

Figure 77.—NavMed Form E (back of form).

RECEIPT/EXPENDITURE INVOICE
Nav. S. and A. Form 127
Revised January 1946

INVOICE No.

FROM: U. S. NAVAL OPERATING BASE (444), BLANK, VIRGINIA
DATE: 11-17-48 | RECORD NO.: TVI-5-49

TO: SUPPLY OFFICER
U. S. NAVAL STATION, BLANK, VIRGINIA

EXPENDITURE ACCOUNT CREDITED:

AUTHORITY: Survey No. 3-49 approved by BuMed - 11-5-48

EXPENDITURE ACCOUNT CHARGEABLE:

DELIVERY DESIRED BY:

APPROPRIATION CHARGEABLE:

DELIVER TO: Supply Officer
U. S. Naval Station, Blank, Virginia

PACKAGES TO BE MARKED: "FOR SALE"

BILL OF LADING NO.:

DATE OF SHIPMENT: 11-17-48

SHIPPED VIA:

ITEM NO.	STANDARD STOCK CATALOG NO. OR CLASS NO.	DESCRIPTION OF ARTICLE	QUANTITY DELIVERED	UNIT OF QUANTITY	UNIT PRICE	EXTENSION
		CLASS 5 - DENTAL EQUIPMENT				
1	5-175-008	Compressor, Air, with 40-gallon Tank, 110 volt, 60 cycle, AC: Serial No. 4567. Mfg. Delco. Navy Identification No. 000130	1	Each	5.00	5 00
		Note: Transferred at appraised value to Supply Officer for Sale.				
		John S. Martin CAPT, DC, U.S.Navy			TOTAL	5.00

CHECKED BY	PACKED BY	POSTED AND PRICED
RECHECKED BY	EXTENDED	VERIFIED
ISSUED BY		

Received the above-mentioned articles accompanied by priced invoices.

DATE 11-18-48 TVR 3-49

Henry L. Standards
LCDR, SC, U.S.N.

U. S. GOVERNMENT PRINTING OFFICE: 1946 O - 694397 16—36727-2

Figure 78.—Nav. S and A Form 127.

NAV. S AND A FORM 154: SURVEY REQUEST, REPORT, AND EXPENDITURE

This Supplies and Accounts form is used to dispose of material by means of survey. This form may be used when nonexpendible equipment becomes broken or worn, when supplies or equipment are defective or missing, and may be used to dispose of excess material.

The top section of this report is prepared by the head of department, listing the material to be surveyed, and submitted to the commanding officer.

The commanding officer then determines whether a survey is to be held and whether it is to be a formal or informal survey.

If the commanding officer decides upon a formal survey, he lists on the form the names of the officers who are to conduct the survey. If he decides upon an informal survey, he returns the form to the head of department for completion.

The survey board (or head of department, if informal) then examines the material, determines its present condition, the cause, responsibility (if any), recommends a means of disposal, and assigns an appraised value.

This form is then returned to the commanding officer for his approval, who forwards to the Bureau of Medicine and Surgery for final approval.

When this form is returned from the Bureau, the material may then be disposed of in the manner recommended by the survey board, as modified by the commanding officer and by the Bureau of Medicine and Surgery.

Material must *not* be disposed of until the form has been approved by the Bureau and returned to the surveying activity.

DENTAL FORMS

NAVMED FORM-K: REPORT OF DENTAL OPERATIONS AND TREATMENT

In order to determine the number of dental officers and enlisted technicians required by the Navy and their proper distribution, the dental division in the Bureau of Medicine and Surgery must have figures which show the amount and types of dental services being performed, and from this report the dental division obtains valuable statistical information. Every dental activity is required to submit a routine report showing a summary of dental treatment furnished. This summary will show the number of each type of restoration supplied, the number of each type of dental surgical operation performed, the number and types of prosthetic services rendered, the number of each type of treatment supplied, the number treated, the number of treatments completed, and the number of sittings during the report period.

Prepared and submitted (original only) to the Bureau via the commanding officer and chain of command on the last day of each month. One extra carbon must be prepared for each link in the chain of command.

A separate NavMed–K report is prepared and submitted for treatment of personnel of the Veterans' Administration, Army, Coast Guard, State Department, Foreign Military Services, or similar categories. Such reports are marked "Veterans' Administration" or other applicable designation.

A supplemental letter report, in detail, is attached to this form whenever emergency dental treatment is accomplished for humanitarian reasons for dependents and other civilians.

NAVMED FORM-461: SEMIANNUAL DENTAL REPORT—PERSONNEL, EQUIPMENT, FACILITIES

It is from the pertinent information contained in this report that the Bureau makes its plans in regard to dental personnel, equipment, and facilities for dental activities in the field, and serves a real purpose in planning for the best possible utilization of dental facilities in the U. S. Navy.

This report is prepared on 1 October and 1 April in quintuplicate for the semiannual period and forward in duplicate via the commanding officer and chain of command to the Bureau of Medicine and Surgery.

NAVMED FORM-785: SEMIANNUAL DENTAL OFFICER PERSONNEL REPORT

This report gives valuable information which will enable the Bureau to fully utilize dental officers in accordance to their special qualification. This form serves as a valuable index in future assignments.

It is prepared on 1 July and 1 January and submitted (original only) via the commanding officer and chain of command to the Bureau of Medicine and Surgery.

NAV. S. AND A. FORM 154
Revised May 1945

SURVEY REQUEST, REPORT, AND EXPENDITURE

SHIP OR ACTIVITY	DAT	NO.
U. S. NAVAL OPERATING BASE (444), BLANK, VIRGINIA	10-5-48	3-49

REQUEST (To be prepared by supply officer, or head of Department)

It is requested that the items listed below be surveyed in accordance with Arts. 1906-1918, N. R.

REASON	APPROPRIATION	SIGNED
Unfit for use.	1791102	Peter L. Alton
ACCOUNT		RANK: CWOHC, U. S. Navy

ITEM	QUANTITY	ARTICLE	IDENTIFYING MARKS, ETC.	DATE AND FROM WHOM RECEIVED	VALUES AT WHICH CARRIED
		CLASS 5 - DENTAL EQUIPMENT			
1	1	Compressor, Air, with 40-gal. Tank, 110 volt, 60 cycle, AC: Serial No. 4567.	Delco 5-175-008	* 7-15-42	
		Navy I. No.	000130		$125.00
2	2	Handpiece, Contra-Angle, Slip-Joint Type:	5-353-150	*10-20-44	
		Navy I. No.	008004		8.28
3	4	Syringe, Hypodermic, Cartridge Type:	5-593-000	* 9-21-46	
		Navy I. No.	000789		5.56
		* U.S.N.M.S.D., Brooklyn, N. Y.			

REPORT (To be prepared by head of Department, or by surveying officer(s) if so directed below) TOTAL $138.84

ITEM	CONDITION, CAUSE, RESPONSIBILITY, AND RECOMMENDATION				APPRAISED VALUE
1	Piston cracked.	Unknown	None	Transfer to Supply Officer for Sale.	$ 5.00
2	Worn out.	Use	None	Destroy.	0.00
3	Broken (3) Missing (1)	Use Unknown	None Cannot be fixed	Destroy To loss. Disciplinary action not indicated.	0.00

The above items have been carefully surveyed in accordance with Sec. 3, Chap. 49, N. R., and report is made thereon as indicated above.

DATE 9 October 1948

Lt. James B. CRANDALL, DC, U. S. Navy
Lt. Arthur J. NEWSOME, DC, U. S. Navy
CWOHC John J. STEVENS, U. S. Navy
(Signed by surveying officer or board, or by head of Department)

ACTION OF COMMANDANT OR COMMANDING OFFICER

Expend without formal survey, in accordance with Arts. 1909, 1914, N. R. | DATE | COMMANDANT OR COMMANDING OFFICER

OR Formal survey is required and

Lt. James B. CRANDALL, DC, U. S. N. Lt. Arthur J. NEWSOME, DC, U. S. N.

CWOHC John J. STEVENS U. S. N. ~~U.S.~~ (are) hereby designated as surveying officer(s) for the above articles or material, in accordance with Art. 1910, N. R.

7 October 1948 (Date)

CAPT. O. L. SMITH, U. S. N. (Commandant or Commanding officer)

ACTION BY REVIEWING OFFICER AFTER FORMAL SURVEY

ITEMS APPROVED	ITEMS DISAPPROVED	DATE	SIGNED
1, 2, 3.	None	10-10-48	CAPT. O. L. SMITH, U.S.N.

NAME OF BUREAU TO WHICH FORWARDED FOR ACTION: Materiel Division, Bureau of Medicine & Surgery, 84 Sands St., Brooklyn 1, New York — DATE

The above articles have been expended from the records at

FINAL EXPENDITURE

APPROPRIATION | CHARGE TO EXPENDITURE ACCOUNT

TRANSFERRED TO

SPACE FOR BUREAU APPROVAL IF NECESSARY

EXPENDED / RECEIVED _____, 19____ the above-mentioned articles

U. S. N.

U. S. GOVERNMENT PRINTING OFFICE 16—39088-4

Figure 79.—Nav. S and A Form 154.

NAVMED-K
(Rev. 5-47)

REPORT OF DENTAL OPERATIONS AND TREATMENTS

(See instructions on reverse side)

SHIP OR STATION U. S. NAVAL OPERATING BASE, BLANK, VIRGINIA MONTH ENDING 30 April 19 48

OPERATIVE DENTISTRY	NUMBER THIS MONTH	NUMBER CAL. YEAR TO DATE
RESTORATIONS:		
AMALGAM (one surface)	63	348
AMALGAM (two surfaces)	107	487
AMALGAM (over two surfaces)	33	234
GOLD FOIL (one surface)	2	6
GOLD FOIL (two or more surfaces)	0	1
SILICATE CEMENT	36	213
TOTAL RESTORATIONS	241	1289
AMALGAM RESTORATIONS POLISHED	141	669
BASE, INTERMEDIATE	82	522
BRIDGE, CROWN, INLAY, RECEMENTING OF	0	1
FACING, REPLACEMENT OF	0	1
FILLING, ROOT CANAL (number of teeth)	9	26
PROPHYLAXIS	103	353
PULP, CAPPING OF	0	8
PULP, REMOVAL OF (number of teeth)	0	2
OTHER		
ORAL SURGERY		
ABSCESS, INCISION, AND DRAINAGE OF:		
INTRA-ORAL	4	5
EXTRA-ORAL	0	1
ALVEOLECTOMY	6	32
ANESTHESIA, ADMINISTRATION OF:		
REGIONAL	208	1014
GENERAL	7	7
ANTRUM CLOSURE	0	0
APICOECTOMY	0	2
CYSTECTOMY	0	1
FOREIGN BODY, SURGICAL REMOVAL OF		
FRACTURE, MANDIBULAR, REDUCTION OF	3	6
FRACTURE, MAXILLARY, REDUCTION OF		
FRACTURE, MAXILLO-FACIAL, REDUCTION OF		
GINGIVAL FLAP, EXCISION OF		
GINGIVECTOMY	0	5
ROOT, RESIDUAL, SURGICAL REMOVAL OF	4	9
SEQUESTRECTOMY		
TORUS PALATINUS, REMOVAL OF		
TORUS MANDIBULARIS, REMOVAL OF		
TUMOR, SOFT TISSUE, EXCISION OF	0	1
OTHER	1	1
EXODONTIA:		
TOOTH, IMPACTED, REMOVAL OF	16	80
TOOTH, IN ANTRUM, REMOVAL OF		
TOOTH, UNERUPTED, REMOVAL OF	29	51
TOOTH, SURGICAL REMOVAL OF	24	49
TOOTH, UNCOMPLICATED REMOVAL OF	99	371
TOTAL EXTRACTIONS	168	551

RADIODONTIA	NUMBER THIS MONTH	NUMBER CAL. YEAR TO DATE
ROENTGENOGRAMS:		
INTRA-ORAL (other than bite-wings)	979	5533
INTRA-ORAL (bite-wings)	236	904
EXTRA-ORAL	24	46
OTHER Occlusal	0	3
PROSTHETIC DENTISTRY		
Technic Case: Crown & Br.	1	4
CROWNS (not bridge abutments):	4	6
ACRYLIC JACKET	4	10
ACRYLIC, WITH GOLD	12	35
GOLD (all types)		
PORCELAIN, CAST BASE		
PORCELAIN JACKET		
PORCELAIN JACKET, WITH GOLD		
OTHER CROWNS		
TOTAL CROWNS	20	51
INLAYS (not bridge abutments):		
ACRYLIC		
GOLD	13	34
PORCELAIN		
TOTAL INLAYS	13	34
BRIDGES: MAXILLARY	15	45
MANDIBULAR	9	18
TOTAL BRIDGES	24	63
ABUTMENTS, NUMBER IN BRIDGES REPORTED	50	123
PONTICS, NUMBER IN BRIDGES REPORTED	40	104
DENTURES:		
FULL MAXILLARY	13	42
FULL MANDIBULAR	4	23
PARTIAL MAXILLARY	12	51
PARTIAL MANDIBULAR	14	65
TOTAL DENTURES	43	181
TEETH, NUMBER IN PARTIAL DENTURES REPORTED	126	538
CLASPS, NUMBER IN PARTIAL DENTURES REPORTED	80	312
DENTURE, REBASE OR REPAIR OF	9	29
DENTURE, FULL, RECONSTRUCTION OF	4	10
DENTURE, PARTIAL, RECONSTRUCTION OF	3	8
ADJUSTMENTS, FULL AND PARTIAL DENTURES	50	221
SPLINT, FRACTURE		
OTHER Hand Prosthesis	1	3
MISCELLANEOUS TREATMENTS		
ABSCESS, DENTOALVEOLAR	4	10
CELLULITIS		
DISLOCATION, MANDIBULAR		
FRACTURE, BONE	102	196
GINGIVITIS	25	99
GINGIVITIS, VINCENT'S	0	28
LEUKOPLAKIA		
ODONTOCLASIA		
ODONTORRHAGIA		
OSTEOMYELITIS		

16—42870-2

Figure 80.—NavMed Form-K (sample form) face of report.

MISCELLANEOUS TREATMENTS (Continued)	NUMBER THIS MONTH	NUMBER CAL. YEAR TO DATE
PERICORONITIS	9	19
PERIODONTITIS	0	28
PERIODONTOCLASIA	14	83
POSTOPERATIVE (all types except fractures)	316	788
PULPITIS		
ROOT CANAL	48	183
SEDATIVE	62	229
STOMATITIS	0	5
TRAUMATIC OCCLUSION	15	48
TRISMUS		
OTHER		
CASE STATISTICS		
ABSCESS, DENTOALVEOLAR	4	6
CELLULITIS		
DISLOCATION, MANDIBULAR		
FRACTURE, MANDIBULAR	3	6
FRACTURE, MAXILLARY		
FRACTURE, MAXILLO-FACIAL		
GINGIVITIS	12	51
GINGIVITIS, VINCENT'S	0	9
LEUKOPLAKIA		
ODONTORRHAGIA		
OSTEOMYELITIS		
PERICORONITIS	5	11
PERIODONTITIS	0	12
PERIODONTOCLASIA	8	36
STOMATITIS	0	1
TRAUMATIC OCCLUSION	8	19
TRISMUS		
OTHER CASES		
EXAMINATIONS AND DIAGNOSES		
RECORDS, PREPARATION OF:		
NAVMED H-4	28	94
NAVMED AV-1		
NAVMED L	75	313
NAVMED Y (annual)	27	70
NAVMED Y (other than annual)	137	257

EXAMINATIONS AND DIAGNOSES (Continued)	NUMBER THIS MONTH	NUMBER CAL. YEAR TO DATE
NAVMED HF-57		
ORAL DIAGNOSIS (no form made)	164	883
SPECIAL CONSULTATION (verbal or written)	6	23
OTHER (explain under Remarks)		
TOTAL EXAMINATIONS AND DIAGNOSES	427	1640
PROSTHETIC CASES SUMMARY		
PATIENTS WHOSE TREATMENT WAS COMPLETED	86	287
PATIENTS AWAITING TREATMENT AT END OF MONTH	105	xxx
TREATMENT SUMMARY		
TOTAL SITTINGS (visits)	1844	7076
NUMBER OF PATIENTS:		
(A) RECEIVING TREATMENT (on date of this report)	116	xxx
(B) ESSENTIAL TREATMENT COMPLETED	112	320
(C) ALL TREATMENT COMPLETED	158	685
(D) TREATMENT TERMINATED (all or essential treatment not accomplished)	14	113
TOTAL PATIENTS TREATED	400	xxx
PATIENTS TREATED FROM OTHER ACTIVITIES	79	258
DENTAL PERSONNEL STATISTICS (Attached on date of report)		
DENTAL OFFICERS	25	xxx
OTHER OFFICERS (Indicate rank and category under Remarks)	4	xxx
DENTAL TECHNICIANS, GENERAL	23	xxx
DENTAL TECHNICIANS, PROSTHETIC	12	xxx
OTHER ENLISTED ASSISTANTS (Indicate ratings under Remarks)	2	xxx
CIVILIAN EMPLOYEES (Indicate classification under Remarks)	13	xxx
TOTAL DAYS DENTAL OFFICERS ON LEAVE	25	167
TOTAL DAYS DENTAL OFFICERS ON SICK LIST	30	168
DAILY AVERAGE DENTAL OFFICERS ATTACHED DURING MONTH	25	xxx
SHIP OR STATION PERSONNEL STATISTICS (Omit figures if confidential)		
AVERAGE COMPLEMENT FOR MONTH	2450	xxx
PERSONNEL ON BOARD ON DATE OF REPORT	2427	xxx
PERSONNEL REPORTED ON BOARD DURING MONTH	1347	5688
PERSONNEL DETACHED DURING MONTH	1458	5781

REMARKS 3 CWO, HC, and 1 Lt. NC
1 HA and 1 HN
Class lvb employees:
6 CAF-3; 4 CAF-4; 3 CAF-5.

TO: Chief of the Bureau of Medicine and Surgery
VIA: Commanding Officer
1. Submitted

1 May, 1948

John S. Martin, Captain, D. C., U. S. N.
(Signature of Dental Officer)

TO: Chief of the Bureau of Medicine and Surgery
1. Forwarded

2 May, 1948

O. L. Smith, Captain, U. S. N.
(Signature of Commanding Officer)

Instructions

1. The original shall be submitted to BUMED as soon as practicable after the last day of the month.
2. A separate NAVMED-K report shall be submitted as in (1) for treatment of personnel of the Veterans' Administration, Army, Coast Guard, State Department, Foreign Military Services, or similar categories. Such reports shall be marked "VETERANS' ADMINISTRATION," or other applicable designation above the heading "REPORT OF DENTAL OPERATIONS AND TREATMENTS," for each category.
3. A supplemental letter report, in detail, shall be attached to this form and submitted for dental treatment accomplished for humanitarian reasons.
4. An information copy of all dental treatment reports submitted to BUMED, shall be forwarded to cognizant staff or district dental officers.

REPORT OF DENTAL OPERATIONS AND TREATMENTS (BACK) NAVMED-K (Rev. 5-47) 16—42870-2 U. S. GOVERNMENT PRINTING OFFICE

Figure 81.—NavMed Form-K (sample form) back of report.

SEMIANNUAL DENTAL REPORT
PERSONNEL, EQUIPMENT, FACILITIES
NAVMED – 461 (REV. 8-48)

1. INSTRUCTIONS – The dental officer shall prepare this report (typewritten) on 1 April and 1 October. Every pertinent entry must be made. The ORIGINAL and FIRST copy shall be forwarded via the Commanding Officer to the Chief of the Bureau of Medicine and Surgery. The SECOND copy shall be forwarded to the District, Fleet, Force, or other cognizant staff dental officer. A copy shall be retained by the reporting dental activity. A copy shall be made when the report is to be forwarded via an additional channel in the administrative chain of command.

2. REPORTING SHIP OR STATION: **U. S. Naval Operating Base, Blank, Va.**

3. DATE: **1 April 1948**

4. OFFICERS	DENTAL CORPS							OTHER					
	R. ADM.	CAPT.	CDR.	L. CDR.	LT.	LT. jg	TOTAL	MSC	HC	NNC	HYGN.	OTHER	TOTAL
a. ALLOWANCES AUTHORIZED 1 July 1947 (Date)		2	14	1	0	4	21	3	0	1			4
b. ON BOARD *(Date of this report)*		2	13	6	3	1	25	0	3	1			4
c. TOTAL NUMBER REQUIRED		2	13	8	5	3	31	1	2	1			4
5. DUTY ASSIGNMENTS *(Use decimal fractions when indicated, as in NAVMED – 735)*													
a. ADMINISTRATION		1.8					1.8						0
b. GENERAL DENTAL TREATMENT			2.0	.5	1.0	.7	4.2						0
c. PROSTHETIC TREATMENT			2.5	.5	.5		3.5						0
d. ORAL SURGERY		.2	1.0				1.2			.5			.5
e. PROPERTY ACCOUNTING							0		1.0				1.0
f. SUPERVISION *(personnel, lab., etc.)*							0		1.0				1.0
g. OTHER *(explain)* See line 34:			7.5	5.0	1.5	.3	14.3		1.0	.5			1.5

6. QUALIFICATIONS OF OFFICERS IN EXCESS OF REQUIREMENTS: **None in excess**

7. QUALIFICATIONS OF ADDITIONAL OFFICERS REQUIRED: **2 LCDR Prosthetic**
1 LT Oral Surgery
1 LT Prosthetic
2 LTJG General Dental

8. ENLISTED PERSONNEL	DTC			DT1			DT2			DT3			DN			DA			OTHER	TOTAL
	DTG	DTP	DTR	DTG	DTP	DTR	DTG	DTP	DTR	DTG	DTP	DTR	DTG	DTP	DTR	DTG	DTP	DTR		
a. ALLOWANCES BY RATE *Date* 1 July 1947	6			7			8			12			8						1	42
b. ON BOARD *(Date of this report)*	3	3	2				7	2		8	5		5	2					0	37
c. TOTAL NO. REQUIRED	4	2	2	5	2		10	2		9	6		5	2					1	50
d. WAVES ON BOARD *(Included in 8-b)*	1																			1

9. IF DENTAL PERSONNEL HAS BEEN AUGMENTED BY PERSONNEL OF OTHER ACTIVITIES *(e.g., transient Air Group D.O.'s)* STATE SOURCES, DURATION, ETC.
None

10(a). HAVE REQUIRED CHANGES IN PERSONNEL ALLOWANCE BEEN MADE THE SUBJECT OF AN OFFICIAL REQUEST TO BUPERS? [X] YES DATE 1 April 1948 [ ] NO

10(b). CIVILIAN COMPLEMENT
ALLOWED -- ON BOARD --

11. IS PROSTHETIC FACILITY ATTACHED TO YOUR ACTIVITY? [X] YES [ ] NO
IF "YES", ANSWER ITEMS 12, 13, 14, 15, AND 16.
IF "NO", ANSWER ITEMS 16b, 17, 18, 19, 20, 21, AND 22.

12. AVERAGE NUMBER OF PROSTHETIC RESTORATIONS COMPLETED PER MONTH SINCE LAST REPORT: **90**

13. NUMBER OF PROSTHETIC RESTORATIONS IN ADDITION TO ABOVE THAT YOUR ACTIVITY CAN COMPLETE EACH MONTH: **None without increased personnel**

14. DO YOU HAVE ARRANGEMENTS WITH SHIPS AND OTHER ACTIVITIES TO RECEIVE THEIR PROSTHETIC PATIENTS? IF SO, LIST UNDER REMARKS [X] YES [ ] NO

15. IS YOUR PROSTHETIC FACILITY ADEQUATE? [X] YES [ ] NO

16a. DATE OF LAST DISPOSAL OF PRECIOUS METAL SCRAP: **1 January 1948**

16b. DATE OF LAST DISPOSAL OF AMALGAM SCRAP: **1 January 1948**

17. HAS A PROSTHETIC FACILITY BEEN AUTHORIZED BY BUMED? [ ] YES [ ] NO

18. HAS SUCH AUTHORIZATION BEEN REQUESTED? [ ] YES [ ] NO

19. IS A PROSTHETIC FACILITY NEEDED? IF YES, EXPLAIN UNDER "REMARKS".

20a. NAME OF NEAREST AVAILABLE PROSTHETIC FACILITY

20b. APPROXIMATE DISTANCE, TRAVEL TIME, AND MODE OF TRAVEL THERETO

20c. AVERAGE NUMBER OF PROSTHETIC PATIENTS YOU SEND MONTHLY

20d. NUMBER OF PATIENTS AWAITING PROSTHETIC TREATMENT *(your command)*

21. CAN THAT FACILITY ACCOMMODATE ALL PROSTHETIC PATIENTS YOU REFER? [ ] YES [ ] NO

22. IS YOUR PRESENT ARRANGEMENT FOR TREATING PROSTHETIC PATIENTS SATISFACTORY? [ ] YES [ ] NO

23. AVERAGE DAILY PERSONNEL ON BOARD YOUR SHIP OR STATION PAST MONTH: **115**

24. NUMBER OF PERSONNEL WHO REPORTED DURING PAST QUARTER: **80**

25. NUMBER OF PERSONNEL TRANSFERRED DURING PAST QUARTER: **75**

26. IN SPACE BELOW SHOW THE NUMBER OF PATIENTS FROM OTHER SHIPS OR STATIONS WHO RECEIVED DENTAL TREATMENT AT YOUR ACTIVITY DURING THE PAST MONTH, NAMING SHIPS OR STATIONS AND GIVING G (GENERAL) AND P (PROSTHETIC) TOTALS

Naval Hospital, Blank, Va., (10 G, 21 P); U. S.N. Rec. Sta., Blank, Va. (5 G, 19 P); U. S. S. RESERVESHIP (15 G, 10 P).

(See reverse side)

8-1905

Figure 82.—NavMed Form-461 (sample form) face of report.

27. NAME ALL COLLATERAL DUTIES OF DENTAL OFFICERS WITH APPROXIMATE NUMBER OF HOURS DEVOTED TO EACH PER MONTH: (a) DURING USUAL DENTAL DUTY HOURS; (b) AT OTHER TIMES (a) Member, General Court Martial Board (12 hours); Athletic officer (20 hours) Member, Auditing Board (3 hours); Member, Inventory and Survey Board (2 hours).

28. DENTAL DEPT. SPACES	NO.	APPROX. SIZE (Average)	ADEQUATE YES	ADEQUATE NO	REMARKS (Specific uses, etc.)
DENTAL OPERATING ROOM	35	10' x 10'	x		
WAITING ROOM	2	20' x 15'	x		
RECORD OFFICE	3	10' x 15'	x		
STORE ROOM	2				One large 50' x 30'. One small 15' x 20'.
X-RAY AND DARK ROOM	2	8' x 10'	x		
PROSTHETIC LABORATORY	3	30' x 25'	x		
DENTAL OFFICER'S OFFICE	4	10' x 15'	x		
OTHER Path.& Bact.Lab.	2	25' x 30'	x		

29. DENTAL EQUIPMENT	NUMBER, MAKE AND SERIAL NO. OF EACH ITEM ON HAND	REMARKS (such as "all good", "none in excess", "2 await survey").	NO. NOT IN USE
SENIOR OP. UNIT 1	38 - Ritter Model "E". Serial No's. listed under Remarks.	All equipment in good condition.	0
JUNIOR OP. UNIT	2 - S. S. White 4 RC 11 and 4 RC 191		0
DENTAL CHAIR	38 - Ritter, Motor: 2 S. S. White:		0
DENTAL CABINET	34 - Standard - American Cabinet Co.		0
X-RAY UNIT	3 - General Electric - Model E - CDX.		0
AIR COMPRESSOR	1 - Worthington & 1 Pioneer, 65-gal. cap.		0
AUTOCLAVE	2 - American.		0
STERILIZER	30 - Wilmot Castle: 10 Wilmot Castle -oil:		0

LIST OTHER LARGE ITEMS OF EQUIPMENT ON HAND SUCH AS FIELD UNITS, MOBILE OPERATIVE OR PROSTHETIC UNITS, ETC., GIVING SERIAL NUMBERS, AND LIST ADDITIONAL EQUIPMENT THAT WOULD BE REQUIRED TO REACTIVATE TO FULL CAPACITY.

None

30. ARE THE SERVICES OF A DENTAL REPAIRMAN REQUIRED? [x] YES DATE Permanent Duty [ ] NO

31. CURRENT	NO. OF VOLTS	NO. OF A.C. CYCLES	GAS (Check one)
[x] AC [ ] DC	110	60	[x] NATURAL [ ] COMMERCIAL [ ] BOTTLE (BUT.-PRO) [ ] ACETYLENE

32. NUMBER AND APPROXIMATE LOCATION(S) OF YOUR DENTAL CLINIC(S), ACCESSIBILITY, ETC.

All dental facilities in one centrally located building.

33. ARE DENTAL FACILITIES BEING FULLY UTILIZED? [x] YES [ ] NO (If NO, give details under 34)

34. REMARKS OR RECOMMENDATIONS (Use additional sheets if necessary) Following engaged in instruction of officer and enlisted personnel:2.5 CDR; 3.0 LCDR; 1.5 LT; 0.3 LTJG; 1.0 HC; 0.5 NNC.
The following are under instruction: 5 CDR; 2 LCDR.
Ritter E Units: 3E 4976C; 3E 5069C; 3E 7017C; 3E 8918C; 3E 9112C; 3E 10121C; 3E 11232C; 3E 12341C; 3E 13352C; 3E 13697C; 3E 13701C; 3E 13812C; 3E 14917C; 3E 15121C; 3E 15236C; 3E 16312C; 3E 17415C; 3E 18213C; 3E 19316C; 3E 20134C; 3E 21212C; 3E 21397C; 3E 21399C; 3E 22105C; 3E 22196C; 3E 22201C; 3E 22319C; 3E 23108C; 3E 23219C; 3E 23305C; 3E 23541C; 3E 23689C; 3E 23705C; 3E 23818C; 3E 24902C; 3E 25107C; 3E 26001C; 3E 26102C.

TO: Chief of the Bureau of Medicine and Surgery.
VIA: Commanding Officer.
1. Submitted.

John S. Martin, Captain, D.C., U.S.N.
(Signature of Dental Officer)

1st ENDORSEMENT

TO: Chief of the Bureau of Medicine and Surgery.
1. Forwarded.

O. L. Smith, Captain, U.S.N.
(Signature of Commanding Officer)

SEMIANNUAL DENTAL REPORT (Reverse) NAVMED - 461 (REV. 8-48) B-1905

Figure 83.—NavMed Form-461 (sample form) back of report.

SEMI-ANNUAL DENTAL OFFICER PERSONNEL REPORT

NAVMED-785 (REV. 3-48)

The information requested herein will enable full utilization of qualifications of dental officers by assignment according to current requirements of dental activities. The Senior Dental Officer of each activity will submit original only (typewritten) via official channels on 1 July and 1 January to Bureau of Medicine & Surgery, Navy Dept., Wash. 25, D. C.

NAME OF ACTIVITY	NAME OF DISTRICT OR AREA COMMAND	FOR PERIOD ENDING *(Date)*
U. S. Naval Operating Base, Blank, Va.	5th Naval District	30 June 1948

ACTIVITY FUNCTION - Using 1.0 (one) to mean the full time services of one dental officer, indicate present distribution of total officers' services in below categories. Indicate actual requirements in same manner. Pertinent comments may be made under "Remarks" on reverse side.

	ADMINISTR'N & SUPERVISION	DIAGNOSIS & EXAMINING	OPERATIVE	STOMATOLOGY	GENERAL ANESTHESIA	RESEARCH	OTHER	DENTURE	CROWN & BRIDGE	MAXILLO-FACIAL PROSTHESIS	EXODONTIA & MINOR ORAL SURG.	FRACTURES & ORAL SURGERY	MAJOR ORAL SURGERY	PLASTIC SURGERY	TOTAL DENTAL OFFICERS
(Example)	.8	.5	2.5	1		.2	.5	1	.5		1				8
PRESENT	1.8	.5	2	1			14.8	1.8	1	.4	.3	.3	.1		24
REQUIRED	1.8	.5	6	.5		1.5	15.5	2.2	1.2	1.1	.3	.3	.1		31

ROSTER - List alphabetically names of dental officers on board. Indicate RANK by Number: 1-Capt., 2-Comdr., 3-Lt.Comdr., 4-Lieut., 5-Lt.(jg). Indicate CLASS by letter: N for USN, R for USNR. If NOT qualified for independent duty enter V in STATUS column. DUTIES & QUALIFICATIONS - Opposite each name indicate by decimal fractions of one the percentage of time during past period devoted to categories listed. (Figures on each line should total 1.0). Indicate qualifications in each category by double asterisk (**) if exceptionally outstanding, asterisk (*) if above average; no asterisk, therefore, indicates average qualifications. Entries in "ADMINISTRATION", "RESEARCH", and "OTHER" columns should be explained on reverse side.

ROSTER				DUTIES & QUALIFICATIONS													
RANK	CLASS.	DENTAL OFFICERS ATTACHED *List names alphabetically, last name first (capitalized)*	STATUS	ADMINIS-TRATION	DIAGNOSIS	OPERATIVE	STOMATOLOGY	GENERAL ANESTHESIA	RESEARCH	OTHER	DENTURE	CROWN & BRIDGE	MAXILLO-FACIAL PROSTHESIS	EXODONTIA & MINOR ORAL SURG.	FRACTURES & ORAL SURGERY	MAJOR ORAL SURGERY	PLASTIC SURGERY
3	N	JONES, John J. *(Example)*		.1	.1	.4	.2**			.1				.1*			
4	N	CRANDALL, James B.					*.5			.5							
1	N	DAWSON, Harry F.		**.8											*.2		
3	R	DEWITT, John H.								.5	.5						
2	N	EDMONDS, Henry J.								*1							
2	N	JAMESON, Frank A.								*1							
2	N	JENKINS, Lester C.								.7		*.3					
3	N	KILROY, Walter H.								1							
1	N	MARTIN, John S.		1													
3	N	MASTERS, Albert J.				.5				.5							
4	N	NEWSOME, Arthur J.								.6		**.4					
2	N	OWENS, Allan D.								1							
3	N	PETERS, John "E"								1							
3	N	ROBERTS, Harry T.								.1	*.5		**.4				
2	N	SAMUELS, Levi N.								.7		.3					
2	N	SAUNDERS, Leo(none)								.7	.3						
				1	2	3	4	5	6	7	8	9	10	11	12	13	14

(over)

B-5733

Figure 84.—NavMed Form-785 (sample form) face of report.

ROSTER *(continued)*

RANK	CLASS.	DENTAL OFFICERS ATTACHED	STATUS	ADMINISTRATION	DIAGNOSIS	OPERATIVE	STOMATOLOGY	GENERAL ANESTHESIA	RESEARCH	OTHER	DENTURE	CROWN & BRIDGE	MAXILLO-FACIAL PROSTHESIS	EXODONTIA & MINOR ORAL SURG.	FRACTURE & ORAL SURGERY	MAJOR ORAL SURGERY	PLASTIC SURGERY
2	N	TRENT, Edgar F.				*.5				.5							
2	N	UHLE, John A.								1							
3	N	VINCENT, Ivan D.								1							
2	N	VITRE, Samuel L.								1							
2	N	VOGHT, Albert S.								.5				.3	.1	.1	
3	N	WALTERS, Walter W.					*.5			.5							
5	N	WEAVER, Edmond U.				*1											
2	N	ZIEGLAR, Lee (None)								.5	**.5						
2	N	ZINN, John T.								1							
				1.8	2.	1.				15.3	1.8	1.	.4	.3	.3	.1	
		Use additional sheet if necessary		1	2	3	4	5	6	7	8	9	10	11	12	13	14

REMARKS

Administration: Duties of Head of Dept. entirely administrative. Assistant to Head of Dept. supervises training section and enlisted section.

Research: No research personnel now assigned but facilities available to carry out research on dental conditions and materials if personnel is made available.

Other: 7.8 Dental officers assigned to training section as instructors and supervisors. 7 assigned to training section for instruction and indoctrination. 5 Dental officers engaged in diagnostic and examination procedures.

TO: CHIEF OF BUREAU OF MEDICINE AND SURGERY
VIA: COMMANDING OFFICER
1. SUBMITTED.

7 July 1948

John S. Martin, Captain, DC, U.S.N.
(Signature of Dental Officer)

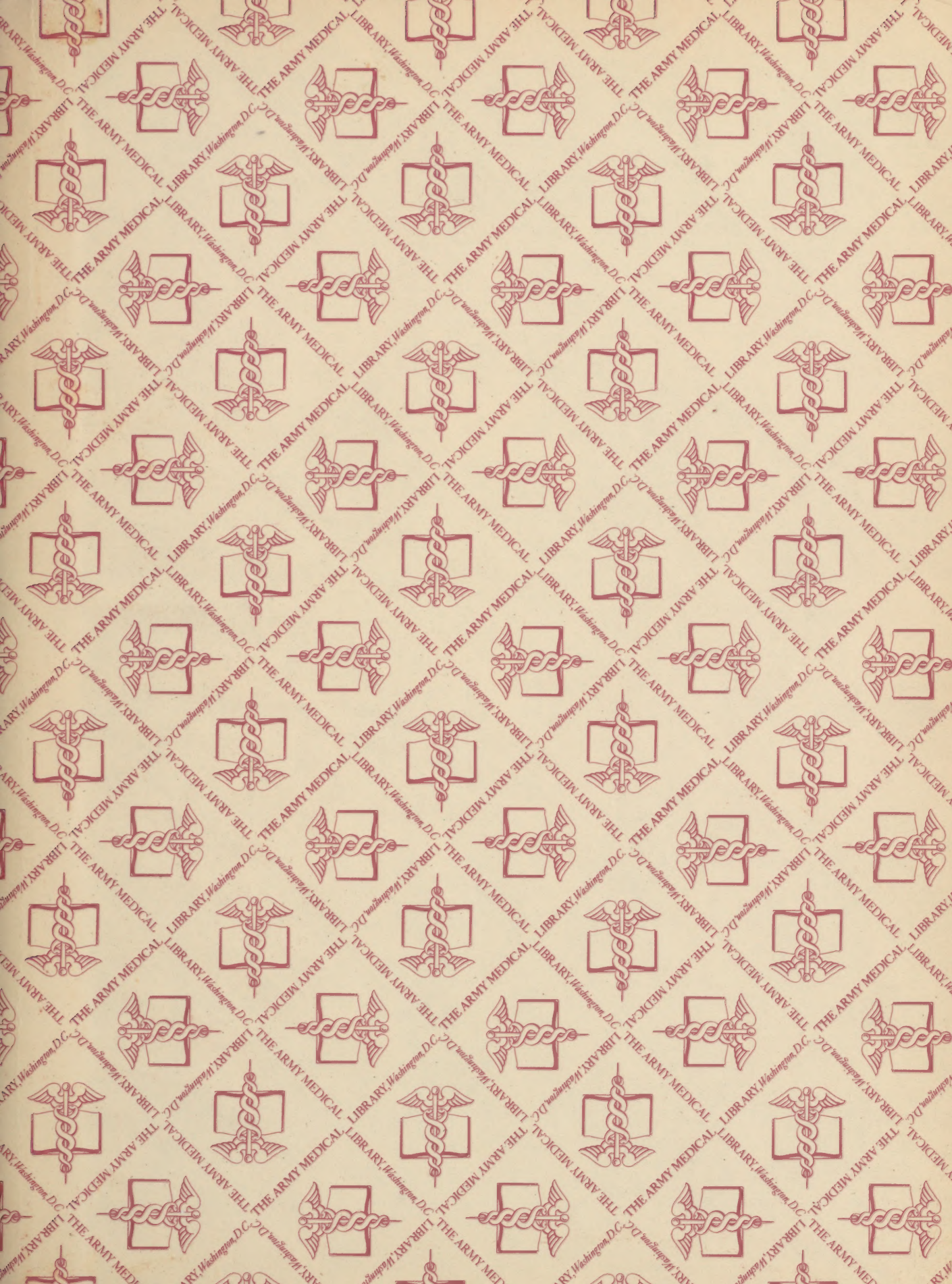
TO: CHIEF OF BUREAU OF MEDICINE AND SURGERY
1. FORWARDED.

7 July 1948

O. L. Smith, Captain, U. S. N.
(Signature of Commanding Officer)

B-5133

Figure 85.—NavMed Form-785 (sample form) back of report.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